CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

May 31, 2023

THIS LETTER SENT VIA EMAIL

Mr. James G. Scott, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 23-0005: IN-HOME SUPPORTIVE SERVICES RECIPIENTS TELEHEALTH REASSESSMENTS

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 23-0005 for your review and approval. This SPA proposes to update the existing language to reflect the California Department of Social Services (CDSS) updated In-Home Supportive Services (IHSS) policy to allow telehealth reassessments and to update existing language to reflect CDSS IHSS Quality Assurance (QA) updated practices. DHCS seeks an effective date of April 1, 2023, for this SPA.

On March 4, 2020, Governor Gavin Newsom declared a State of Emergency and issued Executive Order (EO) N-29-20 which specified that eligibility determinations for Medi-Cal programs could be suspended to ensure continued service delivery. As a result, CDSS IHSS Program suspended in person reassessments and allowed counties to conduct telehealth reassessments via telephone or video calls, as permitted by 42 C.F.R. § 441.535. As a result of stakeholder feedback, CDSS proposes to update their policy to allow qualifying recipients to be able to choose to have a telehealth reassessment, if the recipient has received an in-person initial assessment, as a permanent option for the IHSS Program. The proposed SPA includes this telehealth option, as well as updating the language throughout the SPA to remove the “in-person” requirement for annual reassessments.

Since the previous amendment of this SPA, some CDSS IHSS QA duties have been reorganized to other units within the department. The proposed SPA removes text which states “CDSS QA staff” and replaces the text with “CDSS staff.” This proposed change to general language reflects the department’s current, and any future, duty reorganization. Additionally, current IHSS QA policy requires CDSS staff conduct an annual visit to county IHSS offices to review their compliance with

the IHSS program. CDSS proposes to update their policy from a required annual visit to biennial, or once every two years, for counties in compliance. CDSS will review counties out of compliance annually until they reestablish compliance. The proposed SPA updates the language to reflect the change to a biennial requirement for counties in compliance.

This proposed SPA would not be considered a Rescission to the State's Disaster Relief Policies for the COVID-19 National Emergency and would not change any rates as discussed in 42 C.F.R. § 447.205. As a result, this proposed SPA would not require a public comment period. On November 22, 2022, CMS informed DHCS that a tribal notice is not required for this SPA.

Attached are the following documents:

- CMS 179 form
- Draft of the following amended IHSS Plus Option (IPO) State Plan Pages:
    - Section 3.1 Pages 19e and 20d
    - Attachment 3.1-A, Page 13
    - Attachment 3.1-B, Page 11
    - Supplement 5 to Attachment 3.1-A Pages 1-29
    - Supplement 5 to Attachment 3.1-B Pages 1-29
- Draft of the following amended Community First Choice Option (CFCO) Program State Plan Pages:
    - Attachment 3.1-K, Pages 3, 8-10, 13-25

If you have any questions or need additional information, please contact Susan Philip, Deputy Director, Health Care Delivery Systems, at (916) 324-5870, or by email at Susan.Philip@dhcs.ca.gov.

Sincerely,

[redacted]

Jacey Cooper
State Medicaid Director
Chief Deputy Director
Health Care Programs

Enclosures

cc: See Next Page

cc: Ms. Lindy Harrington
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 23-0005

2. STATE: CA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR part 441

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 $ 0
b. FFY 2024 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 3.1 Pages 19e and 20d
Attachment 3.1-A, Page 13
Attachment 3.1-B, Page 11
Supplement 5 to Attachment 3.1-A Pages 1-29
Supplement 5 to Attachment 3.1-B Pages 1-29
Attachment 3.1-K, Pages 3, 8-10, 13-25

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Section 3.1 Pages 19e and 20d
Attachment 3.1-A, Page 13
Attachment 3.1-B, Page 11
Supplement 5 to Attachment 3.1-A Pages 1-29
Supplement 5 to Attachment 3.1-B Pages 1-29

9. SUBJECT OF AMENDMENT
IHSS Plus Option & Community First Choice Option: Update the existing language to reflect the California Department of Social Services' (CDSS) updated In-Home Support Services (IHSS) policy to allow telehealth reassessments and to update existing language to reflect CDSS IHSS Quality Assurance (QA) updated practices.

10. GOVERNOR'S REVIEW *(Check One)*
( ) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
(●) OTHER, AS SPECIFIED:
Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIG[redacted]ATE AGENCY OFFICIAL

12. TYPED NAME
Jacey Cooper

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
May 31, 2023

15. RETURN TO
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Instructions on Back

STATE/TERRITORY: CALIFORNIA

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1915(j) __X__ (xiii) Self-Directed Personal Assistance Services, as described and limited in Supplement _5_ to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

STATE/TERRITORY: CALIFORNIA

Citation 3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)

1915(j) __X__ (xiii) Self-Directed Personal Assistance Services, as described and limited in Supplement _5_ to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies medical and remedial services provided to each covered group of the medically needy.

State Plan Under Title XIX of the Social Security Act
STATE/TERRITORY: CALIFORNIA

28. _X_ Self-Directed Personal Assistance Services, as described in Supplement _5_ to Attachment 3.1-A.

_X_ Election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects Self-Directed Personal Assistance Services as a State Plan service delivery option.

____ No election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects not to add Self-Directed Personal Assistance Services as a State Plan service delivery option.

State Plan Under Title XIX of the Social Security Act
STATE/TERRITORY: CALIFORNIA

27. _X_ Self-Directed Personal Assistance Services, as described in Supplement _B_ to Attachment 3.1-B.

_X_ Election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects Self-Directed Personal Assistance Services as a State Plan service delivery option.

____ No election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects not to add Self-Directed Personal Assistance Services as a State Plan service delivery option.

State Plan Under Title XIX of the Social Security Act
STATE/TERRITORY: CALIFORNIA

Notwithstanding anything else in this State Plan provision, the coverage will be subject to such other requirements that are promulgated by CMS through interpretive issuance or final regulation.

i. Eligibility

The State determines eligibility for Self-Directed Personal Assistance Services:

A. __X__ In the same manner as eligibility is determined for traditional State Plan personal care services, described in Item 26 of the Medicaid State Plan.

B. _____ In the same manner as eligibility is determined for services provided through a 1915(c) Home and Community-Based Services Waiver.

ii. Service Package

The State elects to have the following included as Self-Directed Personal Assistance Services:

A. _X_ State Plan Personal Care and Related Services, to be self-directed by individuals eligible under the State Plan.

B. _____ Services included in the following section 1915(c) Home and Community-Based Services waiver(s) to be self directed by individuals eligible under the waiver(s). The State assures that all services in the impacted waiver(s) will continue to be provided regardless of service delivery model. Please list waiver names and services to be included.

iii. Payment Methodology

A. __X__ The State will use the same payment methodology for individuals self-directing their PAS under section 1915(j) than that approved for State plan personal care services or for section 1915(c) Home and Community-Based waiver services.

B. _____The State will use a different payment methodology for individuals self-directing their PAS under section 1915(j) than that approved for State plan personal care services or for section 1915(c) Home and Community-Based waiver services. Amended Attachment 4.19-B page(s) are attached.

iv. Use of Cash

A. __X__ The State elects to disburse cash prospectively to participants self-directing personal assistance services. The State assures that all Internal Revenue Service (IRS) requirements regarding payroll/tax filing functions will be followed, including when participants perform the payroll/tax filing functions themselves.

Only for participants receiving the following options:

- Restaurant Meal Allowance (please see Permissible Purchases, section xv.); and
- Severely impaired recipients who have chosen the Cash Option.
    - California regulation limits the receipt of Advance Pay (Cash Option) to severely impaired recipients.
    - California Department of Social Services (CDSS), Manual of Policies and Procedures (MPP) 30-701(s) (1) Severely Impaired Individual means a recipient with a total assessed need…for 20 hours or more per week of service in one or more of the following areas:
        (A) Any personal care service listed in Section 30-757.14.
        (B) Preparation of meals.
        (C) Meal cleanup when preparation of meals and consumption of food (feeding) are required.
        (D) Paramedical services.

B. _____ The State elects not to disburse cash prospectively to participants self-directing personal assistance services.

State Plan Under Title XIX of the Social Security Act
STATE/TERRITORY: CALIFORNIA

v. Voluntary Disenrollment

The State will provide the following safeguards to ensure continuity of services and assure participant health and welfare during the period of transition between self-directed and traditional service delivery models.

There will be no break in service for those voluntary disenrolling and transitioning to State Plan Personal Care Services, thus assuring participant health and welfare.

Participants or their authorized/legal representative(s) may initiate disenrollment at any time by contacting the county social services office. If a voluntary disenrollment is received by mail, or is initiated by the participant's authorized/legal representative, the county will contact the participant to ensure the disenrollment request represents the wishes of the participant. The Case Management Information and Payrolling System (CMIPS) updates eligibility status changes immediately upon data entry.

vi. Involuntary Disenrollment

A. The circumstances under which a participant may be involuntarily disenrolled from self-directing personal assistance services, and returned to the traditional service delivery model are noted below.

Circumstances for involuntary disenrollment, which may be initiated by the county, include but are not limited to the following:

- Participant moved out of State;
- Participant no longer resides in a dwelling that meets the Federal requirement under Section 1915(j)(1);
- Participant has lost Medi-Cal eligibility;
- Participant no longer requires personal care services or assistance with Activities of Daily Living (ADL) and/or Instrumental Activities of Daily Living (IADL);
- Participant is no longer in the population served under the State Plan option;

- Participant is institutionalized;
- Participant cannot comply with the 1915(j) program requirements.

B. The State will provide the following safeguards to ensure continuity of services and assure participant health and welfare during the period of transition between self-directed and traditional service delivery models.

The State will provide all appropriate safeguards available to ensure continuity of services. For example, if a participant cannot comply with the program requirements due to mental or physical inability to self-direct (e.g. the participant is no longer capable of managing their cash option funds), the county social worker/case manager would first work with the participant to assist them in proper management of their funds in order to prevent involuntary disenrollment. If the participant is still unable to properly manage their funds, and the cash option is their only link to this State Plan Option, then the county social worker/case manager would initiate disenrollment and transition the participant to the traditional service delivery model. Once this transition is initiated, CMIPS updates eligibility status changes immediately upon data entry.

vii. Participant Living Arrangement

Any additional restrictions on participant living arrangements, other than homes or property owned, operated, or controlled by a provider of services, not related by blood or marriage to the participant are noted below.

No additional restrictions on participant living arrangements.

viii. Geographic Limitations and Comparability

A. _X_ The State elects to provide self-directed personal assistance services on a statewide basis.

B. _____ The State elects to provide self-directed personal assistance services on a targeted geographic basis. Please describe:_____

C. _-_ The State elects to provide self-directed personal assistance services to all eligible populations.

D. __X__ The State elects to provide self-directed personal assistance services to targeted populations. Please describe:

This program option is only for those participants that:
- have chosen Restaurant Meal Allowance; and/or
- are severely impaired and have chosen the Advanced Pay (cash option); and/or
- have chosen a legally liable relative provider.

E. _X_ The State elects to provide self-directed personal assistance services to an unlimited number of participants.

F. _____ The State elects to provide self-directed personal assistance services to _____ (insert number of) participants, at any given time.

ix. Assurances

A. The State assures that there are traditional services, comparable in amount, duration, and scope, to self-directed personal assistance services.

B. The State assures that there are necessary safeguards in place to protect the health and welfare of individuals provided services under this State Plan Option, and to assure financial accountability for funds expended for self-directed personal assistance services.

C. The State assures that an evaluation will be performed of participants' need for personal assistance services for individuals who meet the following requirements:
   i. Are entitled to medical assistance for personal care services under the Medicaid State Plan; or
   ii. Are entitled to and are receiving home and community-based services under a section 1915(c) waiver; or
   iii. May require self-directed personal assistance services; or

iv. May be eligible for self-directed personal assistance services.

D. The State assures that individuals are informed of all options for receiving self-directed and/or traditional State Plan personal care services or personal assistance services provided under a section 1915(c) waiver, including information about self-direction opportunities that is sufficient to inform decision-making about the election of self-direction and provided on a timely basis to individuals or their representatives.

E. The State assures that individuals will be provided with a support system meeting the following criteria:
   i. Appropriately assesses and counsels individuals prior to enrollment;
   ii. Provides appropriate counseling, information, training, and assistance to ensure that participants are able to manage their services and budgets;
   iii. Offers additional counseling, information, training, or assistance, including financial management services:
      1. At the request of the participant for any reason; or
      2. When the State has determined the participant is not effectively managing their services identified in their service plans or budgets.

F. The State assures that an annual report will be provided to CMS on the number of individuals served through this State Plan Option and total expenditures on their behalf, in the aggregate.

G. The State assures that an evaluation will be provided to CMS every 3 years, describing the overall impact of this State Plan Option on the health and welfare of participating individuals, compared to individuals not self-directing their personal assistance services.

H. The State assures that the provisions of section 1902(a)(27) of the Social Security Act, and Federal regulations 42 CFR 431.107, governing provider agreements, are met.

I. The State assures that a service plan and service budget will be developed for each individual receiving self-directed PAS. These are developed based on the assessment of needs.

J. The State assures that the methodology used to establish service budgets will meet the following criteria:

i. Objective and evidence based, utilizing valid, reliable cost data.

ii. Applied consistently to participants.

iii. Open for public inspection.

iv. Includes a calculation of the expected cost of the self-directed PAS and supports if those services and supports were not self-directed.

v. Includes a process for any limits placed on self-directed services and supports and the basis/bases for the limits.

vi. Includes any adjustments that will be allowed and the basis/bases for the adjustments.

vii. Includes procedures to safeguard participants when the amount of the limit on services is insufficient to meet a participant's needs.

viii. Includes a method of notifying participants of the amount of any limit that applies to a participant's self-directed PAS and supports.

ix. Does not restrict access to other medically necessary care and services furnished under the plan and approved by the State but not included in the budget.

x. Service Plan

The State has the following safeguards in place, to permit entities providing other Medicaid State Plan services to be responsible for developing the self-directed personal assistance services service plan, to assure that the service provider's influence on the planning process is fully disclosed to the participant and that procedures are in place to mitigate that influence.

Entities or individuals that have responsibility to develop service plans do not provide other direct services to participants.

State Plan Under Title XIX of the Social Security Act
STATE/TERRITORY: CALIFORNIA

xi. Quality Assurance and Improvement Plan

A. The State's quality assurance and improvement plan is described below, including:

i. How it will conduct activities of discovery, remediation, and quality improvement in order to ascertain whether the program meets assurances, corrects shortcomings, and pursues opportunities for improvement; and

ii. The system performance measures, outcome measures, and satisfaction measures that the State will monitor and evaluate.

The following describes the system-wide quality assurance and improvement plan CDSS, in conjunction with the 58 counties, has that includes the activities of discovery, remediation and quality improvement. This plan will help to ascertain whether the program meets assurances, corrects shortcomings, and pursues opportunities for improvement to ensure the health and welfare of our self-directed PAS recipients.

County

Each county must maintain an annual Quality Assurance/ Quality Improvement (QA/QI) plan that specifies the procedures for addressing discovery, remediation, and overall system improvement. The procedures must provide for reporting findings to program staff and supervisors for remediation. County QA staff collect data during program monitoring. County staff also review reports generated by the CDSS CMIPS and data provided by outside entities (e.g. State Controller's Office). The staff analysis of compiled data is used for annual plan development, refinement and improvement activities. The procedures outlined in the annual QA/QI plans are designed to assure the timeliness and effectiveness of the county's actions to protect participant health and welfare, and financial accountability**.**

Discovery

The focus of discovery is to monitor the participants' quality of services and supports through the collection of data. The data gathered is used to assess the ongoing implementation of the program and identify strengths as well as opportunities for improvement.

County QA activities include:

- Home visits;
- Routine case file reviews;
- Targeted case review studies;
- Scheduled reviews of supportive services;
- Identification of potential sources of third-party liability; and
- Monitoring of supportive service delivery to detect and prevent fraud.

Routine case file reviews conducted by county QA staff are the primary monitoring component of data collection. Counties are required to review a certain number of cases and conduct home visits based on the number of employees they have allocated for QA activities. Each full-time county QA staff must complete case file reviews and conduct home visits annually. The case reviews are designed to confirm that participant needs are correctly assessed and that case files contain appropriate documentation. Moreover, critical incident information discovered during a case file review is analyzed to ensure that proper resolution took place and that the relevant information was reported. Critical incident information is documented on the Quarterly Report form, SOC 824. The SOC 824 form is submitted to CDSS.

A standardized county-specific questionnaire is used for all QA home visits. It is designed to elicit each participant's personal preferences and experiences with the IHSS programs. Counties have flexibility in developing the home visit monitoring criteria and forms; however the core QA components must include:

- Identifying the participant;
- Discussion of the participant's health issues/physical limitations;
- Inquiry on changes in the participant's condition or functional abilities;
- Verify the participant's understanding of services and hours as authorized;
- Note whether participant's housing needs have an impact on the assessment;

- Discussion on whether the supportive services provided meet the participant's needs;
- Inquiry as to the quality of supportive services rendered by the provider and the county;
- Discussion if additional services and medical appointments are needed;
- Confirmation that the participant's understanding of the Emergency Back-Up Form;
- Discuss the availability of alternative resources;
- Inquiry on potential abuse, neglect and exploitation or need for protective services;
- Note whether there have been critical incident(s) identified/observed;
- Confirm that all individual participant service needs identified are addressed in the individual plan of care;
- Confirm that the participant understands the right to request a fair hearing including the provision for continuation of disputed services until a fair hearing decision is rendered in response to the participant request for a Fair Hearing, if appropriate; and
- Assess participant satisfaction with services received, provider respect for participant rights, and overall quality of care and quality of life.

The county staff home visits are used to validate case file information, affirm assessments and ensure that authorized services are consistent with the participant's needs. It is the combination of these efforts that allows a participant to remain safely and independently at home. The expected outcomes of this process include statewide uniformity of services and a program of high quality and integrity.

Each county monitors the results of their QA efforts by evaluating data available from a variety of sources including:

- Appeals data;
- Public Authorities;
- Quarterly Reports;
- CMIPS ad hoc reports;

- CMIPS monthly reports; and
- Consumer satisfaction surveys.

The data gleaned during the discovery process are documented in the county Quarterly Reports. The goal of continuous monitoring is to identify areas requiring remediation and make provisions for continuous system improvement.

Remediation

The information collected during the discovery process may reveal a specific problem and/or a program weakness. County QA staff must act to correct the problem, identify the weakness and address the cause to prevent recurrence. The county QA staff must:

- Take action to resolve the issue;
- Ensure each issue discovered is resolved;
- Document that the resolution and action taken is noted in the case file; and
- Provide training to county social service staff specific to the issue discovered.

System Improvement

County QA staff are required to take action to resolve issues that are systemic in nature. Staff identify opportunities for systemic improvement by analyzing program data. The findings provide insight for determining whether issues are program deficiencies/county-wide trends. Staff seek effective remediation measures and develop continuous improvement processes.

Corrective actions designed to eliminate systemic problems may include written program directives, modified procedures, and/or targeted case reviews. In all cases involving a systemic issue, county QA staff perform follow-up activities including training and technical assistance. QA staff document that remedial actions have been taken according to their county protocols.

Each county submits a completed Quarterly Report form (SOC 824) by e-mail or fax to the CDSS covering the QA/QI activities conducted during the reporting quarter. The report includes the number of, and information gathered from, routine scheduled reviews, home visits, and fraud detection and prevention

activities. It also includes critical events/incidents identified, actions taken on critical events/incidents, targeted reviews, and any system improvement efforts made as a result of issues identified during the quarter.

System improvement includes the annual QA/QI plan that is to be submitted no later than June 1st to CDSS. The plan must include detailed information regarding how the county will accomplish discovery, remediation and system improvement activities.

CDSS

The CDSS has two roles in the QA/QI Plan, as reviewer of county discovery, remediation and system improvement plans and activities, and as conductor of its own discovery, remediation and system improvement activities. These two functions are separate but often overlap, and together provide an additional layer of validation of quality assurance and program integrity.

CDSS Review of Counties Discovery, Remediation and System Improvement

CDSS staff monitor county discovery, remediation and system improvement activities. Monitoring is accomplished by: reviewing Quarterly Reports, annual QA/QI plans and Quality Improvement Action Plans (QIAPs) received from the counties; performing case reviews, including previously reviewed files; and observing county QA home visits.

Based on the findings from these reviews, CDSS helps counties by:

- Collaborating on the creation of county action plans;
- Collaborating on the development of new county practices and policies;
- Providing technical assistance in the development of annual QA/QI plans; and
- Providing training on specific issues to individual counties as well as statewide.

The continuous CDSS review of county discovery, remediation, and system improvement activities ensures that initial assessments and reassessments are conducted in a timely and uniform manner, participant needs are correctly assessed, and the health and welfare of participants are maintained.

Discovery

As part of its own discovery activities, CDSS carries out regularly scheduled county monitoring reviews, during which staff performs case file reviews and observe county QA staff conducting home visits. The CDSS staff conducts a minimum of one biennial monitoring review to each of the State's 58 counties when CDSS staff has determined that the county is in compliance. When a county is out of compliance, CDSS staff will conduct in-person monitoring reviews annually until the county has reestablished full compliance. During an in-person monitoring review, CDSS staff observe county QA staff conducting home visits.

CDSS will continue to monitor all counties continuously throughout the year in its role as a reviewer of county discovery, remediation and system improvement plans and activities, and case reviews.

A CDSS county monitoring review includes the following discovery activities:

CDSS staff review:

- Case files for correct application of federal and State regulations and requirements, proper use of required documents, appropriate and well documented justification for services, and evidence that individualized risk planning has occurred;
- A sample of case files reviewed by county QA staff is evaluated for QA activities, the appropriateness of the forms, and any corrective actions taken;
- Appropriateness of denied and disenrolled cases is conducted to ensure that denial of likely cases and involuntary disenrollments from the program were appropriate;
- County policies and procedures for service registries, background checks, and training available to providers and participants;
- Intake and enrollment procedures, including the participants' assessment/annual reassessment and level of assistance;
- Provider enrollment forms and qualifications; and
- Procedures for identification, remediation, and prevention of abuse.

During a home visit, which occurs as part of an in-person monitoring review, CDSS staff:

- Observe county QA staff during the participant interview conducted to determine consumer satisfaction with program services;
- Review services provided are appropriate to the specific needs of the participant;

- Review coordination of the participant's services;
- Review procedures for ensuring the participant has been provided information regarding available community resources;
- Survey participants regarding quality of care issues;
- Observe the participant's living arrangements, with consideration for the participant's safety in the home;
- Review the individual emergency back-up plan with the participant; and
- Review policies and procedures for addressing reportable events, incidents, complaints, and fair hearings.

During monitoring reviews, CDSS staff review the case narratives to identify possible issues. These issues include provider problems, or questions related to the participant's assessment/reassessment needs. CDSS staff evaluate the issues raised in the call and the county responses. The reviewer can immediately bring the issues to the attention of county QA staff. Alternatively, CDSS staff may make comments and/or recommendations to the county at the conclusion of the county review. These comments/recommendations are given to the county QA staff to ensure follow up with the participant's social worker.

CDSS staff may question an issue identified during monitoring that triggers an investigation. An investigation may take the form of targeted reviews and, where appropriate, reinforcement of acceptable levels of compliance. For example, counties must maintain a completion rate of at least 90% for reassessments. Failure to comply results in a CDSS corrective action letter that is sent to the county welfare director. Similarly, if county Quarterly Reports show significant levels of fraud, provider overpayments, or cases with 300+ paid provider hours (283 hours per month is the statutory limit in California), a targeted review is conducted by CDSS staff to identify the cause of the problem(s) and determine if corrective action is needed. Areas of focus for targeted reviews can be:

- Cases with 300+ paid provider hours;
- Compliance level for reassessments;
- Cases that may have been underpaid;
- Suspected fraudulent activity;
- Cases identified as overpaid (other than fraud);
- Cases identified with participant neglect or abuse; and
- Cases with Adult Protective Services (APS)/Child Protective Services (CPS) referrals.

For the home visits, CDSS staff accompanies county QA staff. The visits are planned to allow observation of a sample designed to validate case file information and to ensure participant needs have been assessed correctly.

The State's monitoring reviews conclude with a discussion among State and county QA staff. The topics covered are best practices, how state requirements were met, and positive findings and/or needed improvements. CDSS staff provide any necessary technical assistance at the time of the meeting or at a future date.

The CDSS conducts monthly electronic data reviews in the State office. Data review activities include analysis of:

- CMIPS Online Reports including CMIPS ad hoc reporting for targeted data collection and review;
- Error-rate studies (verification of provider payments using CMIPS and MIS/DSS or data provided by the California Department of Health Care Services (DHCS);
- Payments for deceased recipients;
- Out-of-state (provider or participant or either/both) payments;
- Inpatient hospital stay over 5 days; and
- Death match review using Vital Statistics/Social Security Administration (SSA) data.

Remediation

The complete array of information collected during the discovery process forms the basis for the remediation actions that are taken by CDSS staff. Staff use this information to evaluate, improve and refine the quality of the program provided to participants.

The issues discovered during a monitoring review are addressed by CDSS staff during the exit interview with county QA staff. The county is advised that CDSS staff are available to work with the county QA staff to remediate the issue(s), as well as to provide technical assistance with developing the annual QA plan, which along with all county monitoring review documents are included in the county QA monitoring file.

CDSS staff compose a findings letter that documents the findings and the exit interview. Feedback is also provided in the form of a monitoring summary. Both the findings letter and the monitoring summary may contain positive feedback and negative issues. The material is sent to the county welfare director. Copies are sent to the county QA staff, the IHSS program manager and other appropriate staff, and DHCS upon request.

In preparation for subsequent county monitoring reviews, CDSS QA staff review any existing monitoring documentation and corrective action plans to ensure the county has initiated the required quality improvement measures in the areas identified during previous monitoring reviews.

System Improvement

Data analysis is used to determine whether an issue identified during discovery is county specific or statewide. When a systemic issue or a trend is identified, actions are taken by CDSS staff to move toward resolution. Measures with the potential to be the most effective and that foster continuous system improvement processes are developed for the program. Based on the determination, an appropriate remediation measure is identified.

CDSS staff use the exit interview with the county as the initial opportunity to share information with county staff regarding problems or issues that appear to be systemic. Subsequently, the county is sent a written findings follow-up report. Some issues documented in the report may require technical assistance from CDSS staff and corrective action by the county. When CDSS requests a QIAP from a county, the county must include in their QIAP how and when an issue will be resolved. The QIAP is due to CDSS from the county within 30 days of receipt of the request. The QIAPs are reviewed and approved by CDSS staff. County progress toward continuous improvement is monitored via regular communication between the county and CDSS staff. A copy of the QIAP is forwarded to DHCS within 60 days of the end of the quarter in which it was received by CDSS.

When statewide systemic issues and trends are identified, CDSS staff initiate an all-county distribution of an All County Information Notice (ACIN) or an All County Letter (ACL) that contains pertinent information regarding problem areas and states the actions needed for

resolution and continuous system improvement statewide. This is accomplished through:

- Updating regulations, as needed;
- QA monitoring reviews to all counties;
- Presenting at CWDA regional meetings;
- Attending monthly regional QA meetings;
- Conducting workshops at annual CWDA Conferences;
- Attending monthly Long-Term Care Operations meetings;
- Updating the program material in the IHSS Training Academy; and
- Issuing statewide policy directives that reflect systemic issues and system improvement.

The goal for each activity is to promote remediation and system improvement statewide.

B. The system performance measures, outcome measures, and satisfaction measures that the State will monitor and evaluate.

The following are the performance measures set forth for the self-directed PAS State Plan Amendment.

CDSS Statewide Performance Measures

Performance measures are an important element of the CDSS QA/QI plan design. The measures are designed to determine the effectiveness and functionality of the program and to identify areas where attention should be focused to assure improved outcomes. When the measures are applied and the results analyzed, these performance measures provide information used in making recommendations for continuous system improvement. The following are performance measures that focus on the QA/QI plan target areas, participant health and welfare and financial accountability.

Participant Health and Welfare

Performance Measure 1: Annual Assessments
Desired Outcome: A participant and his/her caseworker have an assessment at least once a year.

1a QA Function: CMIPS data is reviewed by CDSS staff to ensure that this assessment is occurring within the 12-month timeframe for participants.

2a CDSS QA Function: CDSS staff review case files to confirm that this assessment is occurring within the 12-month timeframe for participants.

Performance Measure 1a - County Annual Assessment Calculation
of statewide cases with assessments completed within 12 months / # of statewide cases = % of statewide compliance

Performance Measure 1b - CDSS QA Annual Assessment Calculation
of statewide cases reviewed with assessments completed within 12 months / # of statewide cases reviewed = % of statewide compliance

Performance Measure 2: Emergency Back-Up Plans

Desired Outcome: An emergency back-up plan is in place for each participant. During the initial and annual assessments, a participant and his/her case worker collaborate to determine the best plan for the participant. Together, the participant and the case worker complete or update the Emergency Back-Up Plan form (SOC 827) to capture the action elements of the back-up plan. A copy of the completed form is retained by the participant, ideally in a readily accessible location. The case worker places a second copy of the form in the participant's case file.

QA Function: County QA and CDSS staff review case files to confirm that an emergency back-up plan is in place and a copy of the Emergency Back-Up Plan form is present in each participant's case file. During a home visit, QA staff confirm that the participant possesses an up-to-date copy of their plan.

Performance Measure 2a - County QA Emergency Back-Up Plan Calculation
of statewide cases reviewed that includes a completed Emergency Back-Up Plan / # of statewide cases reviewed = % of statewide compliance

Performance Measure 2b - CDSS QA Emergency Back-Up Plan Calculation
of statewide cases reviewed that includes a completed Emergency Back-Up Plan / # of statewide cases reviewed = % of statewide compliance

Performance Measure 3: Critical Incidents

A critical incident is one in which there is an immediate threat to the health and/or safety of a participant. Critical incidents include, but are not limited to: serious injuries caused by accident, medication error/reaction; physical, emotional or financial abuse or neglect.

Desired Outcome: When a critical incident occurs, the county social service staff responds appropriately and notes the incident in the case file, and the resolution, if known.

QA Function: County QA and CDSS staff review case files for evidence of critical incidents and the resolution, if stated.

Performance Measure 3a - County QA Critical Incident Calculation
of statewide cases reviewed that include a critical incident / # of statewide cases reviewed = % of statewide cases involving critical incidents

Performance Measure 3b - CDSS QA Critical Incident Calculation
of statewide cases reviewed that include a critical incident / # of statewide cases reviewed = % of statewide cases involving critical incidents

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Performance Measure 3c - CDSS QA Resolved Critical Incident Calculation
of statewide cases reviewed with a resolved critical incident / # of statewide county cases reviewed that include a critical incident = % of statewide resolution

Outcome Measure 1: County Plans
Desired Outcome: Counties are in compliance with their annual County QA/QI Plan.

QA Function: Prior to a county monitoring review, CDSS staff review the county's annual QA/QI plan, quarterly reports, and any other information available. Upon completion of the monitoring review, CDSS staff determine the extent to which the county is in compliance with their annual plan based on data gathered from the case reviews and any necessary home visits required contingent on county program compliance.

Outcome Measure 1 – CDSS QA County Plan Calculation
of counties in compliance with their County QA/QI Plan / # of counties that have submitted their QA/QI Plan = % of statewide compliance

Outcome Measure 2: QA Improvement Action Plans (QAIPs)

Desired Outcome: All counties with a QAIP make the indicated corrections and institute the plan recommended by CDSS.

QA Function: Upon completion of the monitoring review, if there are issues that CDSS discovers, a QAIP may be in order. If so, CDSS will issue a QAIP and request that the county explain how it will improve the issue(s). Upon completion of the next county monitoring review, CDSS staff determines whether the county instituted the QAIP recommended by CDSS.

Outcome Measure 2 – CDSS QA Improvement Action Plan Calculation
of counties with instituted QAIPs / # of counties with QAIPs = % of county compliance

Satisfaction Measure 1: Customer Service Evaluation

Desired Outcome: Program participants are satisfied their in-home care needs are being met by the program, they are able to contact the appropriate people when needed, and are able to satisfactorily self-direct their services.

QA Function: Appropriate questions will be created and asked to participants regarding their satisfaction of the program, services and self-direction options. Upon completion of each survey, percentages will be calculated and reviewed. QA will then use this data to determine if changes in the program are needed. The survey(s) will be comprehensive and the results will be validated.

Data Collection Methods

Data collected for the performance measures (one through five) are obtained during the county and CDSS case reviews and home visits. County data are reported to CDSS in the County QA Quarterly Reports. CDSS data are collected throughout the review period and included in the CDSS QA Monitoring Summary.

Sampling Approach

The methodology for sampling the QA/QI-related data is consistent with the statistically valid sample calculator described at the Raosoft website: www.raosoft.com/samplesize. The Sample Size Calculator was suggested by CMS. A statistically valid sample of the population of 26,000, with a 5% margin of error, is 379 cases. This will be the minimum number of case files reviewed for this population each fiscal year.

Counties have the flexibility to determine a sampling approach, however, each county is required to have at a minimum 250 cases reviewed and 50 home visits conducted, per QA position. The QA staff are to document the sampling approach in the annual county QA/QI plan. During the county plan approval process, CDSS staff work with the county QA staff to verify a reasonable sampling approach based on the CDSS QA guidelines.

Frequency of Data Collection

Data collection takes place on an ongoing basis within each aspect of the program. Performance measure data will be finalized at the end of each State fiscal year and available upon request. Counties work throughout the review period to meet their individual targets and goals to assure maximum review. CDSS staff visit all 58 counties biennially when QA monitoring staff has determined that the county is in compliance. When a county is out of compliance, CDSS staff will conduct in-person monitoring visits annually until the county has reestablished fully compliance.

Roles and Responsibilities for Data Collection

County QA staff are responsible for gathering data in keeping with the criteria set forth in the annual county QA plan. QA staff are also responsible for maintaining this data.

Process for Tracking and Analyzing Collected Data

Roles and Responsibilities for Tracking and Analyzing Collected Data

Counties are responsible for tracking and analyzing data gathered during QA activities. Moreover, QA staff review online CMIPS data to identify program issues specific to that county. The methodology for tracking and analyzing these data can allow for ease in reporting on the SOC 824 form. County QA staff are responsible for assuring that the data are analyzed for trends and/or program shortfalls.

CDSS staff are responsible for tracking and analyzing data reported quarterly by the counties and gathered during CDSS QA county monitoring visits. CDSS staff analyze online CMIPS data and data reported on the quarterly SOC 824 forms to identify program issues specific to a particular county or statewide.

xii. Risk Management

A. The risk assessment methods used to identify potential risks to participants are described below.

During the intake and reassessment process:

1. The social worker assesses participant's functional abilities in all activities of daily living utilizing the following process:

- County social service staff determines the participant's level of ability and dependence upon verbal or physical assistance by another for each of the program functions.
- This assessment process evaluates the effect of the participant's physical, cognitive and emotional impairment on functioning.
- The social service staff gathers information regarding the participant's living environment.
- Staff quantify the recipient's level of functioning using the following hierarchical five-point scale:

  Rank 1: Independent: able to perform function without human assistance, although the recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his/her safety. A recipient who ranks a "1" in any function shall not be authorized the correlated service activity.

  Rank 2: Able to perform a function, but needs verbal assistance, such as reminding, guidance, or encouragement.

  Rank 3: Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.

  Rank 4: Can perform a function but only with substantial human assistance.

  Rank 5: Cannot perform the function, with or without human assistance.

2. During the assessment, the county social service staff discusses with the participant their living arrangements, and the county social service staff evaluates the home for any potential hazards, including how the participant deals with ambulation issues, whether they use assistive devices, what their shared living arrangement is, whether there are other individuals (non-providers) to help, etc.

3. During the assessment, the county social services staff discusses with the participant their support system and who they would like to have involved in their care, including whether they want a representative, a supports broker/consultant, or any other individual such as a neighbor or friend included in all discussions.

4. The social worker/case manager reviews all documents pertaining to the participants physical or mental condition to identify potential risks to participants , and

5. Designated coding of CMIPS to indicate the participants' special needs during an emergency.
   - The participants' special needs are coded in CMIPS to allow county social service staff, in the event of an emergency or natural disaster, to inform first responders which participants need to be checked on first, and their special needs, e.g. insulin.

B. The tools or instruments used to mitigate identified risks are described below.

- **Program Uniform Assessment Tool** – The process described in A. 1., above helps the social worker and participant identify and mitigate risks that may be present. If risks cannot be or are not chosen to be mitigated, risk may be assumed by the participant during this process.

- **Emergency Back-Up Plan** – This tool is completed during the assessment process with input from the participant and their chosen representative. This tool identifies the participants' support system, addresses back-up plan to mitigate risks, and allows the participant to understand their roles and responsibilities in obtaining self-directed PAS.

- **Recipient/Employer Responsibility Check-List** – This tool ensures that the recipient understands their responsibilities as the employer of their service provider.

- **Criminal & Worker Background Checks** – Counties perform background and references checks for all providers wishing to be listed on the Provider Registry.

C. The State's process for ensuring that each service plan reflects the risks that an individual is willing and able to assume, and the plan for how identified risks will be mitigated, is described below.

The process used for ensuring that each service plan reflects the risks that an individuals' willing and able to assume is as follows:

- All tools and instruments used to identify, mitigate and assume risks become part of the participants' case file.
- The service plan is developed utilizing all documents contained in the case file.

The plan for how identified risks will be mitigated is as follows:

- The social worker discusses with each individual the risks identified and how they may be mitigated. For example, the following are potential ways a social worker and participant may work together to mitigate potential risks:
  1) If there is an extension cord lying across a walk path, the social worker and participant (and/or their representative) will discuss what to do to mitigate the risk. Options may be to move the cord to a different place, purchase a newer, longer cord to allow the cord to be placed out of the way or move the item plugged into the cord to a different place, and thereby mitigating the risk.
  2) A participant is having slipping troubles in the shower needs some sort of help. The social worker and participant (and/or their representative) will discuss what to do to mitigate the risk. Options may be, putting in slip guards, and/or handrails, and thereby mitigating the risk.
  3)

3) A participant, with a mental impairment, plays with the knobs on the stove. The social worker and participant (and/or their representative) will discuss what to do to mitigate the risk. Options may be to take the knobs off the stove, make the stove inaccessible to the participant, and thereby mitigating the risk.
4) A participant needs oxygen treatments and there is a power outage. The social worker and participant can discuss what to do to mitigate this risk. Options, Social Worker codes the special need in CMIPS to ensure first response notification, identify neighbors or friends who can check up on participant in case of an emergency or natural disaster, etc.

If a risk cannot be mitigated, such as a person has troubles with stairs due to their impairment, but chooses not to move to a one-level home with no stairs, they can assume this risk during the discussion.

D. The State's process for ensuring that the risk management plan is the result of discussion and negotiation among the persons designated by the State to develop the service plan, the participant, the participant's representative, if any, and others from whom the participant may seek guidance, is described below.

- Others that participants may include in the discussions and negotiations include family, friends and professionals (as desired or required).

County social services staff have been trained to provide support to participants. Examples of the variety of support they offer are:

- During the intake and screening process, the county social services staff assists participants (and/or their representative) with access to services and provides information about other community programs available (e.g. a participant needs a walker, the social worker would refer them to the appropriate entity);
- Assessments take place in the participant's residence or, by telehealth reassessment, if the recipient qualifies under IHSS program requirements. Assessments in the participant's home enables county social services staff to visit with the participants (and/or their representative) and observe them in a setting where they are comfortable. During telehealth assessments, county social service staff will discuss and evaluate the participant's living environment. For both in person assessments and assessments conducted via telehealth, county staff will also discuss participant concerns and safety issues. The resulting assessments are more reflective of the participants' needs;

- County social services staff visit participants who are in hospitals and nursing facilities to develop a transition plan to allow the participant to safely return home;
- County social services staff explain the rights and responsibilities of the employer/employee relationships;
- Act as a point of contact for participants (and/or their representative) who need to contact the county office with questions or problems;
- Refer participants (and/or their representative) to other community resources when participant's care needs exceed the scope of services or hours permitted under the program; and
- Work with the participant (and/or their representative) and provider to resolve emergency payroll situations.
- Participants and providers handbooks are available to inform individuals of their roles, responsibility and program details, including:
  - Participant – roles as employer, supervising provider, communicating with provider, timesheet responsibilities, etc.
  - Provider – Goals of the program, hiring process, understanding their responsibilities, etc.
- If a risk is identified, such as the following, a discussion takes place to identify ways to mitigate the issues.
  - A throw rug is on a slippery surface.
  - An extension cord is lying across a walk path.
  - A participant is having slipping troubles in the shower.
  - A participant, with a mental impairment, plays with the knobs on the stove.

xiii. Qualifications of Providers of Personal Assistance

A. __X_ The State elects to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.
B. _____ The State elects not to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.

xiv. Use of a Representative

A. __X__ The State elects to permit participants to appoint a representative to direct the provision of self-directed personal assistance services on their behalf.

i. _____ The State elects to include, as a type of representative, a State-mandated representative. Please indicate the criteria to be applied.

B. _____ The State elects not to permit participants to appoint a representative to direct the provision of self-directed personal assistance services on their behalf.

xv. Permissible Purchases

A. __X_ The State elects to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.

This will be limited to those participants choosing the Restaurant Meal Allowance (RMA).

- RMA allows the participant to use their service budget for meal preparation, meal clean-up, and shopping for food, to purchase restaurant meals.
- Individuals who do not have assessed needs for the above services would not be eligible for RMA.
- RMA is a self-directed option for participants that increases their independence and is a substitute for their dependence on human assistance.
- RMA fits within the self-directed principles and provides participants greater choice.

B. ____ The State elects not to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.

xvi. Financial Management Services

A. ____ The State elects to employ a Financial Management Entity to provide financial management services to participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions themselves;

i. ____ The State elects to provide financial management services through a reporting or subagent through its fiscal intermediary in accordance with section 3504 of the IRS Code and Revenue Procedure 80-4 and Notice 2003-70; or

ii. ____ The State elects to provide financial management services through vendor organizations that have the capabilities to perform the required tasks in accordance with section 3504 of the IRS Code and Revenue Procedure 70-6. (When private entities furnish financial management services, the procurement method must meet the requirements set forth Federal regulations in 45 CFR section 74.40 – section 74.48.)

iii. ____ The State elects to provide financial management services using "agency with choice" organizations that have the capabilities to perform the required tasks in accordance with the principles of self-direction and with Federal and State Medicaid rules.

B. __X___ The State elects to directly perform financial management services on behalf of participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions themselves.

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Notwithstanding anything else in this State Plan provision, the coverage will be subject to such other requirements that are promulgated by CMS through interpretive issuance or final regulation.

i. Eligibility

The State determines eligibility for Self-Directed Personal Assistance Services:

A. __X__ In the same manner as eligibility is determined for traditional State Plan personal care services, described in Item 26 of the Medicaid State Plan.
B. _____ In the same manner as eligibility is determined for services provided through a 1915(c) Home and Community-Based Services Waiver.

ii. Service Package

The State elects to have the following included as Self-Directed Personal Assistance Services:

A. __X__ State Plan Personal Care and Related Services, to be self-directed by individuals eligible under the State Plan.

B. ____ Services included in the following section 1915(c) Home and Community-Based Services waiver(s) to be self directed by individuals eligible under the waiver(s). The State assures that all services in the impacted waiver(s) will continue to be provided regardless of service delivery model. Please list waiver names and services to be included.

iii. Payment Methodology

A. _X__ Payment rates will be calculated using the approved State plan personal care services rate or section 1915(c) Home and Community-Based waiver services rate.

B. _____The State will use a different payment methodology for individuals self-directing their PAS under section 1915(j) than that approved for State plan personal care services or for section 1915(c) Home and Community-Based waiver services. Amended Attachment 4.19-B page(s) are attached.

iv. Use of Cash

A. __X_ The State elects to disburse cash prospectively to participants self-directing personal assistance services. The State assures that all Internal Revenue Service (IRS) requirements regarding payroll/tax filing functions will be followed, including when participants perform the payroll/tax filing functions themselves.

Only for participants receiving the following options:

- Restaurant Meal Allowance (please see Permissible Purchases, section xv.); and
- Severely impaired recipients who have chosen the Cash Option.
    - California regulation limits the receipt of Advance Pay (Cash Option) to severely impaired recipients.
    - California Department of Social Services (CDSS), Manual of Policies and Procedures (MPP) 30-701(s) (1) Severely Impaired Individual means a recipient with a total assessed need…for 20 hours or more per week of service in one or more of the following areas:
        (A) Any personal care service listed in Section 30-757.14.
        (B) Preparation of meals.
        (C) Meal cleanup when preparation of meals and consumption of food (feeding) are required.
        (D) Paramedical services.

B. _____ The State elects not to disburse cash prospectively to participants self-directing personal assistance services.

v. Voluntary Disenrollment

The State will provide the following safeguards in place to ensure continuity of services and assure participant health and welfare during the period of transition between self-directed and traditional service delivery models.

There will be no break in service for those voluntary disenrolling and transitioning to State Plan Personal Care Services, thus assuring participant health and welfare.

Participants or their authorized/legal representative(s) may initiate disenrollment at any time by contacting the county social services office. If a voluntary disenrollment is received by mail, or is initiated by the participant's authorized/legal representative, the county will contact the participant to ensure the disenrollment request represents the wishes of the participant. The Case Management Information and Payrolling System (CMIPS) updates eligibility status changes immediately upon data entry.

vi. Involuntary Disenrollment

A. The circumstances under which a participant may be involuntarily disenrolled from self-directing personal assistance services, and returned to the traditional service delivery model are noted below.

Circumstances for involuntary disenrollment, which may be initiated by the county, include but are not limited to the following:

- Participant moved out of State;
- Participant no longer resides in a dwelling that meets the Federal requirement under Section 1915(j)(1);
- Participant has lost Medi-Cal eligibility;
- Participant no longer requires personal care services or assistance with Activities of Daily Living (ADL) and/or Instrumental Activities of Daily Living (IADL);
- Participant is no longer in the population served under the State Plan option;

- Participant is institutionalized;
- Participant cannot comply with the 1915(j) program requirements.

B. The State will provide the following safeguards in place to ensure continuity of services and assure participant health and welfare during the period of transition between self-directed and traditional service delivery models.

The State will provide all appropriate safeguards available to ensure continuity of services. For example, if a participant cannot comply with the program requirements due to mental or physical inability to self-direct (e.g. the participant is no longer capable of managing their cash option funds), the county social worker/case manager would first work with the participant to assist them in proper management of their funds in order to prevent involuntary disenrollment. If the participant is still unable to properly manage their funds, and the cash option is their only link to this State Plan Option, then the county social worker/case manager would initiate disenrollment and transition the participant to the traditional service delivery model. Once this transition is initiated, CMIPS updates eligibility status changes immediately upon data entry.

vii. Participant Living Arrangement

Any additional restrictions on participant living arrangements, other than homes or property owned, operated, or controlled by a provider of services, not related by blood or marriage to the participant are noted below.

No additional restrictions on participant living arrangements.

viii. Geographic Limitations and Comparability

A. __X__ The State elects to provide self-directed personal assistance services on a statewide basis.

B. _____ The State elects to provide self-directed personal assistance services on a targeted geographic basis. Please describe: _____

C. __ __ The State elects to provide self-directed personal assistance services to all eligible populations.

D. ___X__ The State elects to provide self-directed personal assistance services to targeted populations. Please describe: _____

This program option is only for those participants that:
- have chosen Restaurant Meal Allowance; and/or
- are severely impaired and have chosen the Advanced Pay (cash option); and/or
- have chosen a legally liable relative provider.

E. __X__ The State elects to provide self-directed personal assistance services to an unlimited number of participants.

F. _____ The State elects to provide self-directed personal assistance services to _____ (insert number of) participants, at any given time.

ix. Assurances

A. The State assures that there are traditional services, comparable in amount, duration, and scope, to self-directed personal assistance services.

B. The State assures that there are necessary safeguards in place to protect the health and welfare of individuals provided services under this State Plan Option, and to assure financial accountability for funds expended for self-directed personal assistance services.

C. The State assures that an evaluation will be performed of participants' need for personal assistance services for individuals who meet the following requirements:
   i. Are entitled to medical assistance for personal care services under the Medicaid State Plan; or
   ii. Are entitled to and are receiving home and community-based services under a section 1915(c) waiver; or
   iii. May require self-directed personal assistance services; or

iv. May be eligible for self-directed personal assistance services.

D. The State assures that individuals are informed of all options for receiving self-directed and/or traditional State Plan personal care services or personal assistance services provided under a section 1915(c) waiver, including information about self-direction opportunities that is sufficient to inform decision-making about the election of self-direction and provided on a timely basis to individuals or their representatives.

E. The State assures that individuals will be provided with a support system meeting the following criteria:

i. Appropriately assesses and counsels individuals prior to enrollment;
ii. Provides appropriate counseling, information, training, and assistance to ensure that participants are able to manage their services and budgets;
iii. Offers additional counseling, information, training, or assistance, including financial management services:
1. At the request of the participant for any reason; or
2. When the State has determined the participant is not effectively managing their services identified in their service plans or budgets.

F. The State assures that an annual report will be provided to CMS on the number of individuals served through this State Plan Option and total expenditures on their behalf, in the aggregate.

G. The State assures that an evaluation will be provided to CMS every 3 years, describing the overall impact of this State Plan Option on the health and welfare of participating individuals, compared to individuals not self-directing their personal assistance services.

H. The State assures that the provisions of section 1902(a)(27) of the Social Security Act, and Federal regulations at 42 CFR 431.107, governing provider agreements, are met.

I. The State assures that a service plan and service budget will be developed for each individual receiving self-directed PAS. These are developed based on the assessment of needs.

J. The State assures that the methodology used to establish service budgets will meet the following criteria:

i. Objective and evidence based, utilizing valid, reliable cost data.
ii. Applied consistently to participants.
iii. Open for public inspection.
iv. Includes a calculation of the expected cost of the self-directed PAS and supports if those services and supports were not self-directed.
v. Includes a process for any limits placed on self-directed services and supports and the basis/bases for the limits.
vi. Includes any adjustments that will be allowed and the basis/bases for the adjustments.
vii. Includes procedures to safeguard participants when the amount of the limit on services is insufficient to meet a participant's needs.
viii. Includes a method of notifying participants of the amount of any limit that applies to a participant's self-directed PAS and supports.
ix. Does not restrict access to other medically necessary care and services furnished under the plan and approved by the State but not included in the budget.

x. Service Plan

The State has the following safeguards in place, to permit entities providing other Medicaid State Plan services to be responsible for developing the self-directed personal assistance services service plan, to assure that the service provider's influence on the planning process is fully disclosed to the participant and that procedures are in place to mitigate that influence.

Entities or individuals that have responsibility to develop service plans do not provide other direct services to participants.

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xi. Quality Assurance and Improvement Plan

A. The State's quality assurance and improvement plan is described below, including:
   i. How it will conduct activities of discovery, remediation, and quality improvement in order to ascertain whether the program meets assurances, corrects shortcomings, and pursues opportunities for improvement; and
   ii. The system performance measures, outcome measures, and satisfaction measures that the State will monitor and evaluate.

The following describes the system-wide quality assurance and improvement plan CDSS, in conjunction with the 58 counties, has that includes the activities of discovery, remediation and quality improvement. This plan will help to ascertain whether the program meets assurances, corrects shortcomings, and pursues opportunities for improvement to ensure the health and welfare of our self-directed PAS recipients.

County

Each county must maintain an annual QA/QI plan that specifies the procedures for addressing discovery, remediation, and overall system improvement. The procedures must provide for reporting findings to program staff and supervisors for remediation. County QA staff collect data during program monitoring. The staff also review reports generated by the CDSS Case Management Information and Payrolling System (CMIPS) and data provided by outside entities (e.g. State Controller's Office). The staff analysis of compiled data is used for annual plan development, refinement and improvement activities. The procedures outlined in the annual QA/QI plans are designed to assure the timeliness and effectiveness of the county's actions to protect participant health and welfare, and financial accountability**.**

Discovery

The focus of discovery is to monitor the participants' quality of services and supports through the collection of data. The data gathered is used to assess the ongoing implementation of the program and identify strengths as well as opportunities for improvement.

County QA activities include:

- Home visits;
- Routine case file reviews;
- Targeted case review studies;
- Scheduled reviews of supportive services;
- Identification of potential sources of third-party liability; and
- Monitoring of supportive service delivery to detect and prevent fraud.

Routine case file reviews conducted by county QA staff are the primary monitoring component of data collection. Counties are required to review a certain number of cases and conduct home visits based on the number of employees they have allocated for QA activities. Each full-time county QA staff must complete case file reviews and conduct home visits annually. The case reviews are designed to confirm that participant needs are correctly assessed and that case files contain appropriate documentation. Moreover, critical incident information discovered during a case file review is analyzed to ensure that proper resolution took place and that the relevant information was reported. Critical incident information is documented on the Quarterly Report form, SOC 824. The SOC 824 form is submitted to CDSS

A standardized county-specific questionnaire is used for all QA home visits. It is designed to elicit each participant's personal preferences and experiences with the IHSS programs. Counties have flexibility in developing the home visit monitoring criteria and forms; however the core QA components must include:

- Identifying the participant;
- Discussion of the participant's health issues/physical limitations;
- Inquiry on changes in the participant's condition or functional abilities;
- Verify the participant's understanding of services and hours as authorized;
- Note whether participant's housing needs have an impact on the assessment;

- Discussion on whether the supportive services provided meet the participant's needs;
- Inquiry on potential abuse, neglect and exploitation or need for protective services;
- Note whether there have been critical incident(s) identified/observed;
- Confirm that all individual participant service needs identified are addressed in the individual plan of care;
- Confirm that the participant understands the right to request a fair hearing including the provision for continuation of disputed services until a fair hearing decision is rendered in response to the participant request for a Fair Hearing, if appropriate; and
- Assess participant satisfaction with services received, provider respect for participant rights, and overall quality of care and quality of life.

The county staff home visits are used to validate case file information, affirm assessments and ensure that authorized services are consistent with the participant's needs. It is the combination of these efforts that allows a participant to remain safely and independently at home. The expected outcomes of this process include statewide uniformity of services and a program of high quality and integrity.

Each county monitors the results of their QA efforts by evaluating data available from a variety of sources including:

- Appeals data;
- Public Authorities;
- Quarterly Reports;
- CMIPS ad hoc reports;
- CMIPS monthly reports; and
- Consumer satisfaction surveys.

The data gleaned during the discovery process are documented in the county Quarterly Reports. The goal of continuous monitoring is to identify areas requiring remediation and make provisions for continuous system improvement.

Remediation

The information collected during the discovery process may reveal a specific problem and/or a program weakness. County QA staff must act to correct the problem, identify the weakness and address the cause to prevent recurrence. The county QA staff must:

- Take action to resolve the issue;
- Ensure each issue discovered is resolved;
- Document that the resolution and action taken is noted in the case file; and
- Provide training to county social service staff specific to the issue discovered.

System Improvement

County QA staff are required to take action to resolve issues that are systemic in nature. Staff identify opportunities for systemic improvement by analyzing program data. The findings provide insight for determining whether issues are program deficiencies/county-wide trends. Staff seek effective remediation measures and develop continuous improvement processes.

Corrective actions designed to eliminate systemic problems may include written program directives, modified procedures, and/or targeted case reviews. In all cases involving a systemic issue, county QA staff perform follow-up activities including training and technical assistance. QA staff document that remedial actions have been taken according to their county protocols.

Each county submits a completed Quarterly Report form (SOC 824) by e-mail or fax to the CDSS covering the QA/QI activities conducted during the reporting quarter. The report includes the number of, and information gathered from, routine scheduled reviews, home visits, and fraud detection and prevention activities. It also includes critical events/incidents identified, actions taken on critical events/incidents, targeted reviews, and any system improvement efforts made as a result of issues identified during the quarter.

System improvement includes the annual QA/QI plan that is to be submitted no later than June 1st to CDSS. The plan must include detailed information regarding how the county will accomplish discovery, remediation and system improvement activities.

CDSS

The CDSS has two roles in the QA/QI Plan, as reviewer of county discovery, remediation and system improvement plans and activities, and as conductor of its own discovery, remediation and system improvement activities. These two functions are separate but often overlap, and together provide an additional layer of validation of quality assurance and program integrity.

CDSS Review of Counties Discovery, Remediation and System Improvement

CDSS staff monitor county discovery, remediation and system improvement activities. Monitoring is accomplished by: reviewing Quarterly Reports, annual QA/QI plans and Quality Improvement Action Plans (QIAPs) received from the counties; performing case reviews, including previously reviewed files; and observing county QA home visits.

Based on the findings from these reviews, CDSS helps counties by:

- Collaborating on the creation of county action plans;
- Collaborating on the development of new county practices and policies;
- Providing technical assistance in the development of annual QA/QI plans; and
- Providing training on specific issues to individual counties as well as statewide.

The CDSS continuous review of county discovery, remediation, and system improvement activities ensures that initial assessments and reassessments are conducted in a timely and uniform manner, participant needs are correctly assessed, and the health and welfare of participants are maintained.

Discovery

As part of its own discovery activities, CDSS carries out regularly scheduled county monitoring reviews, during which staff performs case file reviews and observe county QA staff conducting home visits. CDSS staff conduct a minimum of one biennial monitoring review to each of the State's 58 counties when CDSS staff has determined that the county is in compliance. When a county is out of compliance, CDSS staff will conduct in-person monitoring reviews annually until

the county has reestablished full compliance. During an in-person monitoring review, CDSS staff observe county QA staff conducting home visits.

CDSS will continue to monitor counties continuously throughout the year in its role as a reviewer of county discovery, remediation and system improvement plans and activities and case reviews.

A CDSS county monitoring review includes the following discovery activities:

CDSS staff review:

- Case files for correct application of federal and State regulations and requirements, proper use of required documents, appropriate and well documented justification for services, and evidence that individualized risk planning has occurred;
- A sample of case files reviewed by county QA staff is evaluated for QA activities, the appropriateness of the forms, and any corrective actions taken;
- Appropriateness of denied and disenrolled cases is conducted to ensure that denial of likely cases and involuntary disenrollments from the program were appropriate;
- County policies and procedures for service registries, background checks, and training available to providers and participants;
- Intake and enrollment procedures, including the participants' assessment/annual reassessment and level of assistance;
- Provider enrollment forms and qualifications; and
- Procedures for identification, remediation, and prevention of abuse.

During a home visit which occurs as part of an in-person monitoring review, CDSS staff:

- Observe county QA staff during the participant interview conducted to determine consumer satisfaction with program services;
- Review services provided are appropriate to the specific needs of the participant;
- Review coordination of the participant's services;
- Review procedures for ensuring the participant has been provided information regarding available community resources;
- Survey participants regarding quality of care issues;
- Observe the participant's living arrangements, with consideration for the participant's safety in the home;
- Review the individual emergency back-up plan with the participant; and
- Review policies and procedures for addressing reportable events, incidents, complaints, and fair hearings.

CDSS staff review the case narratives to identify possible issues. These issues include provider problems, or questions related to the participant's assessment/reassessment needs. CDSS staff evaluate the issues raised in the call and the county responses. The reviewer can immediately bring the issues to the attention of county QA staff. Alternatively, CDSS staff may make comments and/or recommendations to the county at the conclusion of the county review. These comments/recommendations are given to the county QA staff to ensure follow up with the participant's social worker.

CDSS staff may question an issue identified during monitoring that triggers an investigation. An investigation may take the form of targeted reviews and, where appropriate, reinforcement of acceptable levels of compliance. For example, counties must maintain a completion rate of at least 90% for reassessments. Failure to comply results in a CDSS corrective action letter that is sent to the county welfare director. Similarly, if county Quarterly Reports show significant levels of fraud, provider overpayments, or cases with 300+ paid provider hours (283 hours per month is the statutory limit in California), a targeted review is conducted by CDSS staff to identify the cause of the problem(s) and determine if corrective action is needed. Areas of focus for targeted reviews can be:

- Cases with 300+ paid provider hours;
- Compliance level for reassessments;
- Cases that may have been underpaid;
- Suspected fraudulent activity;
- Cases identified as overpaid (other than fraud);
- Cases identified with participant neglect or abuse; and
- Cases with Adult Protective Services (APS)/Child Protective Services (CPS) referrals.

For home visits conducted during in-person monitoring reviews, CDSS staff accompanies county QA staff. The visits are planned to allow observation of a sample designed to validate case file information and to ensure participant needs have been assessed correctly.

The State's monitoring review concludes with a discussion among State and county QA staff. The topics covered are best practices, how state requirements were met, and positive findings and/or needed improvements. CDSS staff provide any necessary technical assistance at the time of the meeting or at a future date.

The CDSS conducts monthly electronic data reviews in the State office. Data review activities include analysis of:

- CMIPS Online Reports including CMIPS ad hoc reporting for targeted data collection and review;
- Error-rate studies (verification of provider payments using CMIPS and MIS/DSS or data provided by the California Department of Health Care Services (DHCS);
- Payments for deceased recipients;
- Out-of-state (provider or participant or either/both) payments;
- Inpatient hospital stay over 5 days; and
- Death match review using Vital Statistics/Social Security Administration (SSA) data.

Remediation

The complete array of information collected during the discovery process forms the basis for the remediation actions that are taken by CDSS staff. Staff use this information to evaluate, improve and refine the quality of the program provided to participants.

The issues discovered during a county monitoring review are addressed by CDSS staff during the exit interview with county QA staff. The county is advised that CDSS staff are available to work with the county QA staff to remediate the issue(s), as well as to provide technical assistance with developing the annual QA plan, which along with all county monitoring review documents are included in the county QA monitoring review file.

CDSS staff compose a findings letter that documents the findings and the exit interview. Feedback is also

provided in the form of a monitoring summary. Both the findings letter and the monitoring summary may contain positive feedback and negative issues. The material is sent to the county welfare director. Copies are sent to the county QA staff, the IHSS program manager and other appropriate staff, and DHCS upon request.

In preparation for subsequent county monitoring reviews, CDSS staff review any existing monitoring documentation and corrective action plans to ensure the county has initiated the required quality improvement measures in the areas identified during previous monitoring reviews.

System Improvement

Data analysis is used to determine whether an issue identified during discovery is county specific or statewide. When a systemic issue or a trend is identified, actions are taken by CDSS staff to move toward resolution. Measures with the potential to be the most effective and that foster continuous system improvement processes are developed for the program. Based on the determination, an appropriate remediation measure is identified.

The CDSS staff use the exit interview with the county as the initial opportunity to share information with county staff regarding problems or issues that appear to be systemic. Subsequently, the county is sent a written findings follow-up report. Some issues documented in the report may require technical assistance from CDSS staff and corrective action by the county. When CDSS requests a QIAP from a county, the county must include in their QIAP how and when an issue will be resolved. The QIAP is due to CDSS from the county within 30 days of receipt of the request. The QIAPs are reviewed and approved by CDSS staff. County progress toward continuous improvement is monitored via regular communication between the county and CDSS staff. A copy of the QIAP is forwarded to DHCS within 60 days of the end of the quarter in which it was received by CDSS.

When statewide systemic issues and trends are identified, CDSS staff initiate an all-county distribution of an All County Information Notice (ACIN) or an All County Letter (ACL) that contains pertinent information regarding problem areas and states the actions needed for

resolution and continuous system improvement statewide. This is accomplished through:

- Updating regulations, as needed;
- QA monitoring reviews to all counties;
- Presenting at CWDA regional meetings;
- Attending monthly regional QA meetings;
- Conducting workshops at annual CWDA Conferences;
- Attending monthly Long-Term Care Operations meetings;
- Updating the program material in the IHSS Training Academy; and
- Issuing statewide policy directives that reflect systemic issues and system improvement.

The goal for each activity is to promote remediation and system improvement statewide.

B. The system performance measures, outcome measures, and satisfaction measures that the State will monitor and evaluate.

The following are the performance measures set forth for the self-directed PAS State Plan Amendment.

CDSS Statewide Performance Measures

Performance measures are an important element of the CDSS QA/QI plan design. The measures are designed to determine the effectiveness and functionality of the program and to identify areas where attention should be focused to assure improved outcomes. When the measures are applied and the results analyzed, these performance measures provide information used in making recommendations for continuous system improvement. The following are performance measures that focus on the QA/QI plan target areas, participant health and welfare and financial accountability.

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Participant Health and Welfare

Performance Measure 1: Annual Assessments

Desired Outcome: A participant and his/her caseworker have an assessment at least once a year.

1a QA Function: CMIPS data is reviewed by CDSS staff to ensure that this assessment is occurring within the 12-month timeframe for participants.

2a CDSS QA Function: CDSS staff review case files to confirm that this assessment is occurring within the 12-month timeframe for participants.

Performance Measure 1a - County Annual Assessment Calculation
of statewide cases with assessments completed within 12 months / # of statewide cases = % of statewide compliance

Performance Measure 1b - CDSS QA Annual Assessment Calculation
of statewide cases reviewed with assessments completed within 12 months / # of statewide cases reviewed = % of statewide compliance

Performance Measure 2: Emergency Back-Up Plans

Desired Outcome: An emergency back-up plan is in place for each participant. During the initial and annual assessments, a participant and his/her case worker collaborate to determine the best plan for the participant. Together, the participant and the case worker complete or update the Emergency Back-Up Plan form (SOC 827) to capture the action elements of the back-up plan. A copy of the completed form is retained by the participant, ideally in a readily accessible location. The case worker places a second copy of the form in the participant's case file.

QA Function: County and CDSS staff review case files to confirm that an emergency back-up plan is in place and a copy of the Emergency Back-Up Plan form is present in each participant's case file. During a home visit, QA staff confirm that the participant possesses an up-to-date copy of their plan.

Performance Measure 2a - County QA Emergency Back-Up Plan Calculation
of statewide cases reviewed that includes a completed Emergency Back-Up Plan / # of statewide cases reviewed = % of statewide compliance

Performance Measure 2b - CDSS QA Emergency Back-Up Plan Calculation
of statewide cases reviewed that includes a completed Emergency Back-Up Plan / # of statewide cases reviewed = % of statewide compliance

Performance Measure 3: Critical Incidents

A critical incident is one in which there is an immediate threat to the health and/or safety of a participant. Critical incidents include, but are not limited to: serious injuries caused by accident, medication error/reaction; physical, emotional or financial abuse or neglect.

Desired Outcome: When a critical incident occurs, the county social service staff responds appropriately and notes the incident in the case file, and the resolution, if known.

QA Function: County QA and CDSS staff review case files for evidence of critical incidents and the resolution, if stated.

Performance Measure 3a - County QA Critical Incident Calculation
of statewide cases reviewed that include a critical incident / # of statewide cases reviewed = % of statewide cases involving critical incidents

Performance Measure 3b - CDSS QA Critical Incident Calculation
of statewide cases reviewed that include a critical incident / # of statewide cases reviewed = % of statewide cases involving critical incidents

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Performance Measure 3c - CDSS QA Resolved Critical Incident Calculation
of statewide cases reviewed with a resolved critical incident / # of statewide cases reviewed that include a critical incident = % of statewide resolution

Outcome Measure 1: County Plans

Desired Outcome: Counties are in compliance with their annual County QA/QI Plan.

QA Function: Prior to a county monitoring review, CDSS staff review the county's annual QA/QI plan, quarterly reports, and any other information available. Upon completion of the county monitoring review, CDSS staff determine the extent to which the county is in compliance with their annual plan based on data gathered from the case reviews and any necessary home visits required contingent on county program compliance.

Outcome Measure 1 – CDSS QA County Plan Calculation
of counties in compliance with their County QA/QI Plan / # of counties that have submitted their QA/QI Plan = % of statewide compliance

Outcome Measure 2: QA Improvement Action Plans (QAIPs)
Desired Outcome: All counties with a QAIP make the indicated corrections and institute the plan recommended by CDSS.

QA Function: Upon completion of the county monitoring review, if there are issues that CDSS discovers, a QAIP may be in order. If so, CDSS will issue a QAIP and request that the county explain how it will improve the issue(s). Upon completion of the next county monitoring review, CDSS staff determines whether the county instituted the QAIP recommended by CDSS.

Outcome Measure 2 – CDSS QA Improvement Plan Calculation
of counties with instituted QAIPs / # of counties with QAIPs = % of statewide compliance

Satisfaction Measure 1: Customer Service Evaluation

Desired Outcome: Program participants are satisfied their in-home care needs are being met by the program, they are able to contact the appropriate people when needed, and are able to satisfactorily self-direct their services.

QA Function: Appropriate questions will be created and asked to participants regarding their satisfaction of the program, services and self-direction options. Upon completion of each survey, percentages will be calculated and reviewed. QA will then use this data to determine if changes in the program are needed. The survey(s) will be comprehensive and the results will be validated.

Data Collection Methods

Data collected for the performance measures (one through five) are obtained during the county and CDSS case reviews and home visits. County data are reported to CDSS in the County QA Quarterly Reports. CDSS data are collected throughout the review period and included in the CDSS QA Monitoring Summary.

Sampling Approach

The methodology for sampling the QA/QI-related data is consistent with the statistically valid sample calculator described at the Raosoft website: www.raosoft.com/samplesize. The Sample Size Calculator was suggested by CMS. A statistically valid sample of the population of 26,000, with a 5% margin of error, is 379 cases. This will be the minimum number of case files reviewed for this population each fiscal year.

Counties have the flexibility to determine a sampling approach, however, each county is required to have at a minimum 250 cases reviewed and 50 home visits conducted, per QA position. The QA staff are to document the sampling approach in the annual county QA/QI plan. During the county plan approval process, CDSS staff work with the county QA staff to verify a reasonable sampling approach based on the CDSS QA guidelines.

Frequency of Data Collection
Data collection takes place on an ongoing basis within each aspect of the program. Performance measure data will be finalized at the end of each State fiscal year and available upon request. Counties work throughout the review period to meet their individual targets and goals to assure maximum review. CDSS staff conduct monitoring reviews of all 58 counties biennially when QA monitoring staff has determined that the county is in compliance. When a county is out of compliance, CDSS staff will conduct in-person monitoring reviews annually until the county has reestablished fully compliance.

Roles and Responsibilities for Data Collection

County QA staff are responsible for gathering data in keeping with the criteria set forth in the annual county QA plan. QA staff are also responsible for maintaining this data.

Process for Tracking and Analyzing Collected Data

Roles and Responsibilities for Tracking and Analyzing Collected Data

Counties are responsible for tracking and analyzing data gathered during QA activities. Moreover, QA staff review online CMIPS data to identify program issues specific to that county. The methodology for tracking and analyzing these data can allow for ease in reporting on the SOC 824 form. County QA staff are responsible for assuring that the data are analyzed for trends and/or program shortfalls.

CDSS staff are responsible for tracking and analyzing data reported quarterly by the counties and gathered during CDSS QA county monitoring reviews. CDSS staff analyze online CMIPS data and data reported on the quarterly SOC 824 forms to identify program issues specific to a particular county or statewide.

xii. Risk Management

A. The risk assessment methods used to identify potential risks to participants are described below.

During the intake and reassessment process:

1. The social worker assesses participant's functional abilities in all activities of daily living utilizing the following process:

- County social service staff determines the participant's level of ability and dependence upon verbal or physical assistance by another for each of the program functions.
- This assessment process evaluates the effect of the participant's physical, cognitive and emotional impairment on functioning.
- The social service staff gather information regarding the participant's living environment.
- Staff quantify the recipient's level of functioning using the following hierarchical five-point scale:

  Rank 1: Independent: able to perform function without human assistance, although the recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his/her safety. A recipient who ranks a "1" in any function shall not be authorized the correlated service activity.

  Rank 2: Able to perform a function, but needs verbal assistance, such as reminding, guidance, or encouragement.

  Rank 3: Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.

  Rank 4: Can perform a function but only with substantial human assistance.

  Rank 5: Cannot perform the function, with or without human assistance.

2. During the assessment, county social service staff discusses with the participant their living arrangements and evaluates the home for any potential hazards; discusses how the participant deals with ambulation issues, whether they use assistive devices, what their shared living arrangement is, and whether there are other individuals (non-providers) to help, etc.

3. During the assessment, county social services staff discuss with the participant their support system and who they would like to have involved in their care, such as whether they want a representative, a supports broker/consultant, or any other individual such as a neighbor or friend included in all discussions.

4. The social worker/case manager reviews all documents pertaining to the participants physical or mental condition to identify potential risks to participants, and

5. Designated coding of CMIPS to indicate the participants' special needs during an emergency.
   - The participants' special needs are coded in CMIPS to allow county social service staff, in the event of an emergency or natural disaster, to inform first responders which participants need to be checked on first, and their special needs, e.g. insulin.

B. The tools or instruments used to mitigate identified risks are described below:

- **Program Uniform Assessment Tool** – The process described in A. 1., above helps the social worker and participant identify and mitigate risks that may be present. If risks cannot be or are not chosen to be mitigated, risk may be assumed by the participant during this process.

- **Emergency Back-Up Plan** – This tool is completed during the assessment process with input from the participant and their chosen representative. This tool identifies the participants' support system, addresses back-up plan to mitigate risks, and allows the participant to understand their roles and responsibilities in obtaining self-directed PAS.

- **Recipient/Employer Responsibility Check-List** – This tool ensures that the recipient understands their responsibilities as the employer of their service provider.

- **Criminal & Worker Background Checks** – Counties perform background and references checks for all providers wishing to be listed on the Provider Registry.

C. The State's method of ensuring that each service plan reflects the risks that an individual is willing and able to assume, and the plan for how identified risks will be mitigated is described below.

The process used for ensuring that each service plan reflects the risks that an individuals' willing and able to assume is as follows:

- All tools and instruments used to identify, mitigate and assume risks become part of the participants' case file.
- The service plan is developed utilizing all documents contained in the case file.

The plan for how identified risks will be mitigated is as follows:

- The social worker discusses with each individual the risks identified and how they may be mitigated. For example, the following are potential ways a social worker and participant may work together to mitigate potential risks:
  1) If there is an extension cord lying across a walk path, the social worker and participant (and/or their representative) will discuss what to do to mitigate the risk. Options may be to move the cord to a different place, purchase a newer, longer cord to allow the cord to be placed out of the way or move the item plugged into the cord to a different place, and thereby mitigating the risk.
  2) A participant is having slipping troubles in the shower needs some sort of help. The social worker and participant (and/or their representative) will discuss what to do to mitigate the risk. Options may be, putting in slip guards, and/or handrails, and thereby mitigating the risk.
  3) A participant, with a mental impairment, plays with the knobs on the stove. The social worker and participant (and/or their representative) will discuss what to do to mitigate the risk.

Options may be to take the knobs off the stove, make the stove inaccessible to the participant, and thereby mitigating the risk.

4) A participant needs oxygen treatments and there is a power outage. The social worker and participant can discuss what to do to mitigate this risk. Options, Social Worker codes the special need in CMIPS to ensure first response notification, identify neighbors or friends who can check up on participant in case of an emergency or natural disaster, etc.

If a risk cannot be mitigated, such as a person has troubles with stairs due to their impairment, but chooses not to move to a one-level home with no stairs, they can assume this risk during the discussion.

D. The State's method for ensuring that the risk management plan is the result of discussion and negotiation among the persons designated by the State to develop the service plan, the participant, the participant's representative, if any, and others from whom the participant may seek guidance, is described below.

- Others that participants may include in the discussions and negotiations include family, friends and professionals (as desired or required).

County social services staff have been trained to provide support to participants. Examples of the variety of support they offer are:

- During the intake and screening process, the county social services staff assists participants (and/or their representative) with access to services and provides information about other community programs available (e.g. a participant needs a walker, the social worker would refer them to the appropriate entity);
- Assessments take place in the participant's residence or, by telehealth reassessment, if the recipient qualifies under IHSS program requirements. Assessments in the participant's home enables county social services staff to visit with the participants (and/or their representative) and observe them in a setting where they are comfortable. During telehealth assessments, county social service staff will discuss and evaluate the participant's living environment. They will also discuss the participant's concerns and safety issues.

- County social services staff visit participants who are in hospitals and nursing facilities to develop a transition plan to allow the participant to safely return home;

- County social services staff explain the rights and responsibilities of the employer/employee relationships;
- Act as a point of contact for participants (and/or their representative) who need to contact the county office with questions or problems;
- Refer participants (and/or their representative) to other community resources when participant's care needs exceed the scope of services or hours permitted under the program; and
- Work with the participant (and/or their representative) and provider to resolve emergency payroll situations.
- Participants and providers handbooks are available to inform individuals of their roles, responsibility and program details, including:
  - Participant – roles as employer, supervising provider, communicating with provider, timesheet responsibilities, etc.
  - Provider – Goals of the program, hiring process, understanding their responsibilities, etc.
- If a risk is identified, such as the following, a discussion takes place to identify ways to mitigate the issues.
  - A throw rug is on a slippery surface.
  - An extension cord is lying across a walk path.
  - A participant is having slipping troubles in the shower.
  - A participant, with a mental impairment, plays with the knobs on the stove.

xiii. Qualifications of Providers of Personal Assistance

A. __X__ The State elects to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.

B. _____ The State elects not to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.

xiv. Use of a Representative

A. __X__ The State elects to permit participants to appoint a representative to direct the provision of self-directed personal assistance services on their behalf.

i. _____ The State elects to include, as a type of representative, a State-mandated representative. Please indicate the criteria to be applied.

B. _____ The State elects not to permit participants to appoint a representative to direct the provision of self-directed personal assistance services on their behalf.

xv. Permissible Purchases

A. __X__ The State elects to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.

This will be limited to those participants choosing the Restaurant Meal Allowance (RMA).

- RMA allows the participant to use their service budget for meal preparation, meal clean-up, and shopping for food, to purchase restaurant meals.
- Individuals who do not have assessed needs for the above services would not be eligible for RMA.
- RMA is a self-directed option for participants that increases their independence and is a substitute for their dependence on human assistance.
- RMA fits within the self-directed principles and provides participants greater choice.

B. ____ The State elects not to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.

xvi. Financial Management Services

A. ___ The State elects to employ a Financial Management Entity to provide financial management services to participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions themselves.

i.____ The State elects to provide financial management services through a reporting or subagent through its fiscal intermediary in accordance with section 3504 of the IRS Code and Revenue Procedure 80-4 and Notice 2003-70; or

ii.___ The State elects to provide financial management services through vendor organizations that have the capabilities to perform the required tasks in accordance with Section 3504 of the IRS Code and Revenue Procedure 70-6. (When private entities furnish financial management services, the procurement method must meet the requirements set forth by Federal regulations in 45 CFR section 74.40 – section 74.48.)

iii.____ The State elects to provide financial management services using "agency with choice" organizations that have the capabilities to perform the required tasks in accordance with the principles of self-direction and with Federal and State Medicaid rules.

B. __X___ The State elects to directly perform financial management services on behalf of participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions

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The maximum hours available for the above CFCO services is 283 hours per month. The maximum amount for Restaurant Meal Allowance is $62 per month. Individuals under twenty-one (21) years of age pursuant to EPSDT may receive additional services if determined to be medically necessary.

2. Acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish activities of daily living, instrumental activities of daily living, and health related tasks. The State will be claiming a service match for these activities.

   California provides the acquisition, maintenance and enhancement of skills through Teaching and Demonstration. Social workers assess and authorize this support, which provides training and demonstration of an assessed service, to a physically and mentally capable individual, in order to achieve greater independence by potentially performing the task for him or her. This support is time-limited to three months with a reasonable expectation that the individual will acquire the skills necessary to perform the task at the end of the three months. If the individual does not acquire such skills after three months, the services will be re-authorized as needed in the individual's person-centered plan. The Teaching and Demonstration services are performed by an IHSS provider of the recipient's choice.

3. Back-up systems or mechanisms to ensure continuity of services and supports. The State will not be claiming an increased FMAP service match for these activities.

   The Individualized Back-up and Risk Assessment process is a multi-faceted process that all recipients, and their social workers, complete to assess risks and determine the best back-up for each recipient during the initial and annual assessments as administrative activities of the CFCO program. This process includes the following components, and is accomplished through discussion and negotiation between the parties involved (including any individuals the recipient chooses):

   - **Program Assessment** – During the program assessment, specific risks are identified based on an individual's personal care and domestic and related service needs. Once these needs are identified, the social worker reviews service options with the individuals, and authorizes services that will help the individual stay safely in their home. In addition to program specific areas, additional risk areas are discussed, such as issues around living arrangements (i.e. alone or with others, etc.), evacuation/environmental factors, and communications abilities.
   - **Referrals** – Appropriate referrals are processed to other government public assistance programs or community service agencies when social workers

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(H) The State assures that home and community-based attendant services and supports are provided in accordance with the requirements of the Fair Labor Standards Act of 1938 and applicable Federal and State laws.

(I) The State assures it established a Development and Implementation Council prior to submitting a State Plan Amendment in accordance with section 1915(k)(3)(A). The council is primarily comprised of consumers who are individuals with disabilities, elderly individuals and their representatives.

vii. Service Plan

The State shall make available home and community-based attendant services and supports to eligible individuals, as needed, to assist in accomplishing activities of daily living, instrumental activities of daily living, and health-related tasks through hands-on assistance, supervision, or cueing**:**

(i) under a person-centered plan of services and supports that is based on an assessment of functional need and that is fully disclosed in writing and agreed to by the participant, or as appropriate, their representative;

Assessments of need are conducted by county social workers every 12 months or as needed when the individual's support needs or circumstances change, or at the request of the individual or the individual's representative.

County social workers facilitate and monitor the person-centered plan during initial assessments and annual reassessments, or as needed when the individual's support needs or circumstances change, or at the request of the individual or the individual's representative.

a. Telehealth Option: Under 42 CFR 441.535(a) and qualifying standards set by CDSS, participants may choose to have their annual reassessments provided via telephone and video conference. This affords flexibility to safely and expeditiously access necessary care for participants. Participants must have received an in person initial assessment and at least one in person reassessment to be eligible for the telehealth option. Recipients may not receive consecutive telehealth assessments.

During a State of Emergency proclaimed by the governor, a National Emergency or Major Disaster declared by the president, or a Public Health Emergency declared by the Department of Health and Human Services, the State may offer the Telehealth Option to all recipients, as determined necessary, regardless of whether qualifying

circumstances specified under 42 CFR 441.535(a) are otherwise met or whether it would result in consecutive telehealth assessments.

(ii) CFCO Services will be provided in a home or community setting, which does not include a nursing facility, institution for mental diseases, or an intermediate care facility for the mentally retarded. CFCO services are available and provided to individuals residing in settings that meet the federal regulatory requirements for a home and community-based setting and include, but are not limited to, single-family homes, duplexes, apartments, congregate independent living communities, and settings which provide room and board.

(iii) under an agency-provider model or other model; and

(iv) the furnishing of which:

(I) is provided by a provider who is selected, managed, and dismissed by the individual, or, as appropriate, with assistance from the individual's representative;

(II) is controlled, to the maximum extent possible, by the individual or where appropriate, the individual's representative, regardless of who may act as the employer of record; and

(III) is provided by an individual who is qualified to provide such services, including family members.

(v) Where applicable, CFCO Services will be provided consistent with the manner authorized in Article 7 (commencing with Section 12300) of Chapter 3 for the In-Home Supportive Services program.

i. Quality Assurance and Improvement Plan

A. The State's quality assurance and improvement plan is described below. It includes components for the 58 counties and for the California Department of Social Services (CDSS) in consultation with the Department of Health Care Services (DHCS). Both components must address:

i. Activities of discovery, remediation, and quality improvement, to ascertain whether the program meets assurances, corrects shortcomings, and pursues opportunities for improvement; and

ii. The system performance measures, outcome measures, and satisfaction measures that the State will monitor and evaluate.

The following describes the system-wide quality assurance and improvement plan CDSS, in conjunction with the 58 counties, has that includes the activities of discovery, remediation and quality improvement. This plan will help to ascertain whether the program meets

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assurances, corrects shortcomings, and pursues opportunities for improvement to ensure the health and welfare of our CFCO participants.

County

Each of the 58 counties must create and submit to CDSS county-specific IHSS QA policies, and procedures which are in compliance with federal, State and county policies. County Policy and Procedures (P&P) must specify the processes for addressing discovery, remediation, and overall system improvement. The procedures must provide for reporting findings to program staff and supervisors for remediation, and must include detailed procedures for discovery, remediation, and tracking of critical incidents. The procedures outlined in the P&P are designed to assure the timeliness and effectiveness of the county's actions to protect participant health and welfare, and program integrity. Counties must also prepare and submit an annual Quality Assurance/Quality Improvement (QA/QI) plan that consists of an IHSS QA budget justification, an attestation from the program manager that county P&P is current, and a description of any aspect of IHSS QA that has changed from the previous year or differs from established P&P.

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Discovery

The focus of discovery is on monitoring activities and analysis. The goal is to ensure the appropriateness and quality of the services and supports provided to recipients.

Discovery is achieved through county QA activities, which include:

- Routine case file reviews;
- Home visits;
- Data review and analysis from multiple sources;
- Targeted case reviews;
- Verification of receipt of supportive services to detect and prevent fraud.

Routine case file reviews conducted by county QA staff are the primary monitoring component and a source of data collection. Counties are required to review a percentage of cases based on the number of full-time equivalent staff allocated for QA activities. The case reviews are designed to confirm that participant needs are correctly assessed and that case files contain required documentation which is appropriately completed. Case errors, omissions, and issues with service authorizations are flagged and forwarded for remediation (see "*Remediation*" section). Moreover, critical incident information discovered during a case file review is analyzed to ensure that proper resolution took place and that the relevant information was reported to the appropriate entity. Critical incidents are reported on the Quarterly Report form, SOC 824 to CDSS.

Home visits conducted by county staff are used to validate case file information, affirm assessments and ensure that authorized services are consistent with the participant's needs. It is the combination of these efforts that allows a participant to remain safely and independently at home. The expected outcomes of this process include statewide uniformity of services and a program of high quality and integrity.

County staff also use home visits to confirm the participant is residing in a setting that meets the home and community-based setting characteristics.

Counties are required to develop a standardized questionnaire for all QA home visits. It is designed to elicit each participant's personal preferences and experiences with the IHSS programs. The core QA components must include:

- Verification of the participant's identity;
- Discussion with the participant about his or her health issues/functional limitations;

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Each county submits a completed Quarterly Report form (SOC 824) by e-mail to CDSS covering the QA/QI activities conducted during the reporting quarter. The report includes the number of, and information gathered from, routine scheduled reviews, home visits, and targeted reviews. It also includes critical events/incidents identified, actions taken on critical events/incidents, and any system improvement efforts made as a result of issues identified during the quarter.

CDSS

The CDSS has two roles in the QA/QI Plan, as reviewer of county QA/QI plans and activities, and as conductor of its own QA/QI activities. These two functions are separate but often overlap, and together provide an additional layer of validation of quality assurance and program integrity.

CDSS Review of Counties QA/QI

CDSS continuous monitoring is accomplished by: reviewing county P&P, annual QA/QI Plans, and Quality Improvement Action Plans (QIAPs); reviewing, analyzing, aggregating and reporting on county Quarterly Reports; performing case reviews, including county QA reviewed files and denied applications; and observing county QA home visits.

Based on the findings from these reviews, CDSS helps counties by:

- Collaborating on the creation of county action plans;
- Collaborating on the development of new county P&P;
- Providing technical assistance in the development of annual QA/QI plans; and
- Providing training on specific issues to individual counties as well as statewide.

The goal of the CDSS continuous review of county QA/QI activities is to ensure that initial assessments and reassessments are conducted in a timely and uniform manner, participant needs are correctly assessed, and the health, welfare, and quality of life of participants is maintained.

Discovery

As part of its own discovery activities, CDSS carries out regularly scheduled county monitoring reviews, during which the staff perform case file reviews and observe county QA staff conducting home visits. CDSS staff conducts a monitoring review of the State's 58 counties biennially when CDSS staff has determined that the county is in compliance. When a county is out of compliance, CDSS staff will conduct monitoring reviews in person annually until the county has reestablished full compliance.

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CDSS will continue to monitor all counties continuously throughout the year in its role as reviewer of county discovery, remediation and system improvement plans and activities as well as conduct case reviews.

Prior to a monitoring review, CDSS reviews the county's P&P and annual QA/QI Plan and pulls data to analyze the county as compared to other counties. County performance is reviewed in the areas of:

- Timely reassessment compliance rate;
- Proportion of severely impaired recipients to total caseload;
- Average hours assessed per case;
- Average cost per case;
- IHSS staff participation in State-sponsored training; and
- Participation in recent data match and error rate study activities

CDSS staff begin with an introduction, discussion of the county's P&P and annual QA/QI Plan, the comparison data (as described above), and an opportunity for county to discuss any issues that may impact the result of the review. CDSS staff then review:

- A predetermined sample of case files for correct application of federal and State regulations and requirements, proper use of required documents, appropriate and well documented justification for services, appropriate and clearly documented reasons for exceptions to hourly task guidelines, and evidence that individualized risk planning has occurred;
- A sample of case files reviewed by county QA staff is evaluated for QA activities, the appropriateness of the forms, and any corrective actions taken;
- Appropriateness of denied and disenrolled cases to ensure that denial of likely cases and involuntary disenrollments from the program were appropriate;
- County policies and procedures for service registries and training available to providers and participants;
- Intake and enrollment procedures, including the participants' assessment/annual reassessment and level of assistance;
- Provider enrollment forms and qualifications; and
- Procedures for identification, remediation, and prevention of abuse.

CDSS staff review the case narratives to identify possible issues. These issues include provider problems, or questions related to the participant's assessment/reassessment needs. CDSS staff evaluate the issues raised and the county responses. The reviewer can immediately bring the issues to the attention of county QA staff. Alternatively, CDSS staff may make comments and/or recommendations to the county at the conclusion of the county review. These

comments/recommendations are given to the county QA staff to ensure follow up with the participant's social worker.

For the home visits which occur as part of a CDSS in-person monitoring visit, CDSS staff accompanies county QA staff. The visits are planned to allow observation of a sample designed to validate case file information and to ensure participant needs have been assessed correctly.

During a home visit, CDSS staff:

- Observe county QA staff during the participant interview conducted to determine consumer satisfaction with program services;
- Review services provided are appropriate to the specific needs of the participant;
- Review coordination of the participant's services;
- Review procedures for ensuring the participant has been provided information regarding available community resources;
- Survey participants regarding quality of care issues;
- Observe the participant's living arrangements, with consideration for the participant's safety in the home;
- Review the individual emergency back-up plan with the participant; and
- Review policies and procedures for addressing reportable events, incidents, complaints, and fair hearings.

The State's monitoring review concludes with a discussion among State and county QA staff. The topics covered are best practices, how state requirements were met, and positive findings and/or needed improvements. CDSS staff provide any necessary technical assistance at the time of the meeting or at a future date.

A monitoring review is followed up with a letter from CDSS to the director of the county department responsible for administering the supportive services program. The letter details the identified strengths and areas requiring improvement, allowing the county to take appropriate action in remediation.

CDSS conducts data reviews in consultation with DHCS. Data review activities may include, but are not limited to analysis of:

- CMIPS Online Reports including CMIPS ad hoc reporting for targeted data collection and review;
- Error rate studies (verification of provider payments using CMIPS and MIS/DSS or data provided by the California Department of Health Care Services (DHCS);
- Payments for deceased recipients;

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- Out-of-state (provider or participant or either/both) payments;
- Inpatient hospital stay over 5 days;
- Death match review using Vital Statistics/Social Security Administration (SSA) data; and
- Consumer surveys.

Remediation

The complete array of information collected during the discovery process forms the basis for the remediation actions that are taken by CDSS staff. Staff use this information to evaluate, improve and refine the quality of the program provided to participants.

The issues discovered during a county monitoring review are addressed by CDSS staff during the exit interview with county QA staff. The county is advised that CDSS staff are available to work with the county QA staff to remediate the issue(s), as well as to provide technical assistance with developing the annual QA plan, which along with all county monitoring review documents are included in the county QA monitoring file.

Upon conclusion of the county monitoring review, CDSS staff compose a findings letter that documents the monitoring review findings and the exit interview. Feedback is also provided in the form of a monitoring summary. Both the findings letter and the monitoring summary may contain positive feedback and negative issues. The material is sent to the county welfare director. Copies are sent to the county QA staff, the IHSS program manager and other appropriate staff, and DHCS.

In preparation for subsequent county monitoring reviews, CDSS staff review any existing monitoring documentation and corrective action plans to ensure the county has initiated the required quality improvement measures in the areas identified during previous reviews.

System Improvement

Data analysis is used to determine whether an issue identified during discovery is county specific or statewide. When a systemic issue or a trend is identified, actions are taken by CDSS staff to move toward resolution. Measures with the potential to be the most effective and that foster continuous system improvement processes are developed for the program. Based on the determination, an appropriate remediation measure is identified.

The CDSS staff use the exit interview with the county as the initial opportunity to share information with county staff regarding issues that appear to be systemic. Subsequently, the county is sent a written findings follow-up report. Some issues documented in the report may require technical assistance from CDSS staff and corrective action by the county. When CDSS requests a Quality Improvement Action Plan (QIAP) from a county, the county must include in its QIAP how and when an issue will be resolved. The QIAP is due to CDSS from the county

within 30 days of receipt of the request. The QIAPs are reviewed and approved by CDSS staff. County progress toward continuous improvement is monitored via regular communication between the county and CDSS staff.

When statewide systemic issues and trends are identified, CDSS staff initiate an all-county distribution of an All-County Information Notice (ACIN) or an All-County Letter (ACL) that contains pertinent information regarding problem areas and states the actions needed for resolution and continuous system improvement statewide. This is accomplished through:

- Updating regulations, as needed;
- Conducting QA monitoring reviews to all counties;
- Presenting at CWDA regional meetings;
- Attending monthly regional QA meetings;
- Conducting workshops at annual CWDA Conferences;
- Attending monthly Long-Term Care Operations meetings;
- Updating the program material in the IHSS Training Academy; and
- Issuing statewide policy directives that reflect systemic issues and system improvement.

The goal for each activity is to promote remediation and system improvement statewide.

DHCS role

Through the ongoing CDSS-DHCS partnership, DHCS will provide final level of care determinations and other technical and clinical support, and perform periodic collaborative reviews as needed. DHCS will meet and confer with CDSS staff on a quarterly basis to discuss and validate that county QA/QI plans are in place, and that P&P address system improvements. Additionally, DHCS will review compilations of county QA/QI activities which are submitted to CDSS on Quarterly Report Forms (SOC 824) documenting results of counties' desk reviews, home visits, case resolutions, fraud prevention/detection and over/underpayment, critical incidents, targeted reviews and quality improvement efforts. This includes DHCS review and evaluation of CDSS staff remediation efforts during and after county monitoring reviews.

DHCS reviews error rate studies (i.e., payments to out-of-state providers, more than five day hospital stays, etc.) which estimate the extent of payment and service authorization error and potential fraud in the provision of services. The findings are used to prioritize and direct State and county fraud detection and quality improvement efforts.

B. The system performance measures, outcome measures, and satisfaction measures that the State will monitor and evaluate.

The following are the performance measures set forth for the CFCO State Plan Amendment.

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CDSS Statewide Performance Measures

Performance measures are an important element of the CDSS QA/QI plan design. The measures are designed to determine the effectiveness and functionality of the program and to identify areas where attention should be focused to assure improved outcomes. When the measures are applied and the results analyzed, these performance measures provide information used in making recommendations for continuous system improvement. The following are performance measures that focus on the QA/QI plan target areas, participant health and welfare and financial accountability.

Participant Health and Welfare

Performance Measure 1: Annual Assessments

Desired Outcome: A participant and his/her county social worker have an assessment at least once a year.

1a QA Function: CMIPS data is reviewed by CDSS staff to ensure that this assessment is occurring within a 12-month, or appropriate, timeframe for participants. Counties that drop below at least 90 percent compliance with this requirement will be required to develop and submit a QA Improvement Plan detailing how they will improve to at least 90% compliance with timely reassessments.

Performance Measure 1a - County Annual Assessment Calculation
of statewide cases with assessments completed within 12 months / # of statewide cases = % of statewide compliance

Performance Measure 2: Individualized Back-Up Plan and Risk Assessment

Desired Outcome: An Individualized Back-Up Plan and Risk Assessment is in place for each participant.

During the initial and annual assessments, a participant and his/her county social worker collaborate to determine the best plan for the participant. Together, the participant and the case worker complete or update the Individualized Back-Up Plan and Risk Assessment form (SOC 864) to capture the action elements of the back-up plan. A copy of the completed form is retained by the participant, ideally in a readily accessible location. The county social worker places a second copy of the form in the participant's case file.

QA Function: County QA and CDSS staff review case files to confirm that an Individualized Back-Up Plan and Risk Assessment is in place and a copy of the form is present in each participant's case file. During a home visit, QA staff confirm that the participant possesses an

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up-to-date copy of their plan. Case files found to be out of compliance with this requirement require immediate remediation.

Performance Measure 2a - County QA Individualized Back-Up Plan and Risk Assessment Calculation
of statewide cases reviewed that include a completed Individualize Back-Up Plan and Risk Assessment / # of statewide cases reviewed = % of statewide compliance

Performance Measure 2b - CDSS QA Individualized Back-Up Plan and Risk Assessment Calculation
of statewide cases reviewed that include a completed Individualized Back-Up Plan and Risk Assessment / # of statewide cases reviewed = % of statewide compliance

Performance Measure 3: Critical Incidents

A critical incident is one in which there is an immediate threat to the health and/or safety of a participant. Critical incidents include, but are not limited to: serious injuries caused by accident, medication error/reaction; physical, emotional or financial abuse or neglect.

Desired Outcome: When a critical incident occurs, the county social service staff responds quickly and appropriately and notes the incident in the case file, including the resolution, when known.

QA Function: County QA and CDSS staff review case files for evidence of critical incidents and the resolution, as stated.

Performance Measure 3a - County QA Critical Incident Calculation
of statewide cases reviewed that include a critical incident / # of statewide cases reviewed = % of statewide cases involving critical incidents

Performance Measure 3b - CDSS QA Critical Incident Calculation
of statewide cases reviewed that include a critical incident / # of statewide cases reviewed = % of statewide cases involving critical incidents

Performance Measure 3c - CDSS QA Resolved Critical Incident Calculation
of statewide cases reviewed with a resolved critical incident / # of statewide county cases reviewed that include a critical incident

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= % of statewide resolution

Outcome Measure 1: County Plans
Desired Outcome: Counties are in compliance with their annual County QA/QI Plan.

QA Function: Prior to a county monitoring review, CDSS staff review the county's annual QA/QI plan, quarterly reports, and any other information available. Upon completion of the county monitoring review, CDSS staff determine the extent to which the county is in compliance with their annual plan based on data gathered from the case reviews and any necessary home visits required as contingent on county program compliance.

Outcome Measure 1 – CDSS QA County Plan Calculation
of counties in compliance with their County QA/QI Plan / # of counties that have submitted their QA/QI Plan = % of statewide compliance

Outcome Measure 2: QI Action Plans (QIAPs)
Desired Outcome: All counties with a QIAP make the indicated corrections and institute the plan as approved by CDSS.

QA Function: When CDSS determines that a county is out of compliance in the below named areas, CDSS will issue a QIAP demand. Upon receipt of a QIAP demand, the county will submit a QIAP which explains how it will come into compliance. Upon completion of the next county visit, CDSS staff determines whether the county instituted the QIAP as approved by CDSS. Areas which could result in a QIAP demand include:

- Failure to abide by their approved annual plan;
- Failure to maintain at least 90% compliance with timely reassessments;
- Failure to submit accurate reporting documents (SOC 824, data match results, error rate studies) in a timely manner;
- Failure to participate in State-sponsored training; and
- Required remedial actions in more than 30% cases reviewed by county QA

Outcome Measure 2 – CDSS *QA Improvement Action Plan Calculation
of counties with instituted QIAPs / # of counties with QIAPs = % of county compliance

* This requirement is only in regards to counties who have a QIAP.

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Satisfaction Measure 1: Customer Service Evaluation
Desired Outcome: Program participants are satisfied their in-home service and support needs are being met by the program, are able to contact the appropriate people when needed, and are able to satisfactorily self-direct their services.

QA Function: Appropriate questions are asked to participants regarding their satisfaction of the program, services and self-direction options. Upon completion of each survey, percentages will be calculated and reviewed. CDSS will then use this data to determine if changes in the program are needed.

The survey(s) will be comprehensive, results will be validated, and the tool will be administered by CDSS on a statewide basis. CDSS will use the results of the survey to generate a report, which will be disseminated to counties and posted on the CDSS website.

Data Collection Methods
Data collected for the performance measures (one through five) are obtained during the county and CDSS case reviews and home visits. County data are reported to CDSS in Quarterly Reports. CDSS data are collected throughout the review period and included in the CDSS QA Monitoring Summary.

Sampling Approach
CDSS will work with counties to draw a random sample of a size determined by using the sample size calculator available on the Raosoft website, http://www.raosoft.com/samplesize.html. Standard parameters are assumed: Level of Confidence ranging from 90% to 97%, margin of error ranging from +/– 3% to +/– 6%. This approach will result in similar but different size samples in each county. The actual percentage of the statewide caseload that is sampled will depend on the distribution of caseloads by county. This approach will result in a sample that has an acceptable probability of being representative of the actual CFCO population.

Frequency of Data Collection
Data collection takes place on an ongoing basis within each aspect of the program. Performance measure data will be finalized at the end of each State fiscal year and available upon request. Counties work throughout the review period to meet their individual targets and goals to assure maximum review.

Roles and Responsibilities for Data Collection
County QA staff are responsible for gathering data in keeping with the criteria set forth in State and county P&P. QA staff are also responsible for maintaining this data.

Process for Tracking and Analyzing Collected Data

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Roles and Responsibilities for Tracking and Analyzing Collected Data

Counties are responsible for tracking and analyzing data gathered during QA activities. Moreover, QA staff review online CMIPS data to identify program issues specific to that county. The methodology for tracking and analyzing these data can allow for ease in reporting on the SOC 824 form. County QA staff are responsible for assuring that the data are analyzed for trends and/or program shortfalls.

CDSS staff are responsible for tracking and analyzing data reported quarterly by the counties and gathered during CDSS QA county monitoring reviews. CDSS staff analyze online CMIPS data and data reported on the quarterly SOC 824 forms to identify program issues specific to a particular county or statewide.

ii. Risk Management

A. The risk assessment methods used to identify potential risks to participants are described below.

During the intake and reassessment process:

1. The county social worker assesses participant's functional abilities in all activities of daily living utilizing the following process:
   - County social service staff determines the participant's level of ability and dependence upon verbal or physical assistance by another for each of the program functions.
   - This assessment process evaluates the effect of the participant's physical, cognitive and emotional impairment on functioning.
   - The county social service staff gathers information regarding the participant's living environment.
   - Staff quantify the recipient's level of functioning using the following hierarchical five-point scale:

     Rank 1: Independent: able to perform function without human assistance, although the recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his/her safety. A recipient who ranks a "1" in any function shall not be authorized the correlated service activity.

     Rank 2: Able to perform a function, but needs verbal assistance, such as reminding, guidance, or encouragement.

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Rank 3: Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.

Rank 4: Can perform a function but only with substantial human assistance.

Rank 5: Cannot perform the function, with or without human assistance.

2. A discussion of participant's living arrangements,
   - During the assessment, a discussion occurs with the participant regarding any potential hazards in the home, how the participant deals with ambulation issues, whether they use assistive devices, what their shared living arrangement is, whether there are other individuals (non-providers) to help, etc. During a face-to-face visit, in the participant's home, the county social service staff will also observe and evaluate the home environment as part of the review.

3. A discussion of the participant's support system,
   - During the assessment a discussion occurs with the participant regarding who they would like to have involved in their care, and whether they want a representative, a supports broker/consultant, or any other individual such as a neighbor or friend included in all discussions.

4. The social worker/case manager reviews all documents pertaining to the participants physical or mental condition to identify potential risks to participants, and

5. Designated coding of CMIPS to indicate the participants' special needs during an emergency.

   - The participants' special needs are coded in CMIPS to allow county social service staff, in the event of an emergency or natural disaster, to inform first responders which participants need to be checked on first, and their special needs, e.g. insulin.

B. The tools or instruments used to mitigate identified risks are described below.

- **Program Uniform Assessment Tool** – The process described in A.1., above helps the social worker and participant identify and mitigate risks that may be present. If risks cannot be or are not chosen to be mitigated, risk may be assumed by the participant during this process.

- **Individualized Back-Up Plan and Risk Assessment Form (SOC 864)** – This tool is completed during the assessment process with input from the participant and their chosen representative. This tool identifies the participants' support system, addresses back-up

plan to mitigate risks, and allows the participant to understand their roles and responsibilities in obtaining CFCO services.

- **Recipient/Employer Responsibility Check-List** – This tool ensures that the recipient understands their responsibilities as the employer of their service provider.

x. Qualifications of Providers of CFCO Services

The State will permit participants to hire legally liable relatives who are qualified to provide such services, as paid providers of the home and community-based attendant services and supports identified in the service plan and budget. Self-directed model with service budget - In accordance with §441.565(c) individuals may hire any person who meets the qualifications established by the individual. Criminal background checks will be conducted and the results provided to the individual to assist the individual with the hiring process.

Providers convicted of fraud are excluded under the federal regulations as specified in 42 CFR section 1001.101 and those convicted of elder and specified child abuse are also excluded as allowed under federal law pursuant to 42 CFR 1002.2. The recipient may hire their provider of choice regardless of any other felony convictions utilizing the statutory waiver process where applicable.

The Agency Model will "provide consumer controlled services and supports under which entities contract for the provision of such services and supports." Provider qualifications for the agency-provider model are designed to ensure necessary safeguards have been taken to protect the health and welfare of participants and an orientation designed to ensure providers are capable of safely providing required services. The entities providing services under the Agency Model are not licensed by the State, but have all the appropriate business licenses.

xi. Participant's Representative

A. _X_ The State elects to permit participants to appoint a representative to direct the provision of home and community-based attendant services and supports on their behalf.

B. ___ The State elects not to permit participants to appoint a representative to direct the provision of home and community-based attendant services and supports on their behalf.

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xii. Permissible Purchases

A. _X_ The State elects to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.

This permissible purchase will be limited to those participants choosing the Restaurant Meal Allowance (RMA).

- RMA allows the participant to use their service budget in lieu of meal preparation, meal clean-up, and shopping for food, to purchase restaurant meals.
- Individuals who do not have assessed needs for the above services would not be eligible for RMA.
- RMA is a self-directed option for participants that increases their independence and is a substitute for their dependence on human assistance.
- RMA fits within the self-directed principles and provides participants greater choice.

B. ____ The State elects not to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.